

Food Insecurity in Derbyshire: A Health Needs Assessment



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Executive summary

Introduction

This report is a Health Needs Assessment of food insecurity in Derbyshire. It will inform future planning and commissioning to support the local population on this issue.

Food insecurity is defined by the Faculty of Public Health as ‘Lack of access to adequate, nutritious food in a socially acceptable way’ and says, ‘it is a key driver of poor health and wellbeing outcomes across the life course and affects an estimated 8-10% of UK households.’¹

There has been a well-documented increase in food insecurity and use of foodbanks over the last few years, exacerbated by the Covid-19 pandemic and now cost-of-living pressures have further increased demand. This report aims to identify the best available data and evidence on what this looks like nationally and in Derbyshire and what the evidence tells us should be done to tackle the problem. It then identifies any gaps or issues with current service provision and makes recommendations for consideration by commissioners.

Main findings

- There has been a massive increase in need for services particularly since the cost of living pressures, alongside a drop in donations and volunteers
- Need varies by demographic group, with the following groups at particular risk:
 - Head of household 16-24
 - Non-white ethnic groups
 - Low income
 - People with disabilities
 - People on Universal Credit
 - People with long term conditions
 - Low educational attainment
 - Rural communities or those living in ‘food deserts’
- Those at risk of food insecurity may become at greater risk of obesity and other health issues.
- There has been very high take up of community pantries in Derbyshire so far which support a step down from food banks and can work well with advisory services. Evidence supports this approach for removing stigma.
- Services in Derbyshire supporting those experiencing food insecurity are under considerable pressure from the current increased demand, increased fuel and other bills, and reduced donations and availability of volunteers.

¹ FPH (2020) Abolition of PHE: Consequences for the UK Food System [fph-food-sig-disestablishment-of-phe.pdf](#)

- There is also good evidence for encouraging take up free school meals and healthy start vouchers, as well as the holiday activities and food programme (HAF).

Recommendations

- Consider extending the capacity of the Feeding Derbyshire network and support for associated activities due to the increased demand (evidenced by national data of increase in food insecurity, inflation increasing, and stakeholder survey with providers talking about reduced donations, increased bills (food and energy), and less volunteers available).
- Explore options to meet the short term need for additional support for food banks to cover food and energy.
- Consider how best to meet the need for wrap around support (advice services) in food banks.
- Expand and continue support for community pantries (evidenced by literature search showing benefit of pantries for reducing stigma, providing a step down from using food banks in crisis, local data showing enormous take up and unmet need)
- Continue current partnership approach to encouraging take up of Free Schools and Healthy Start and consider what else could be done to increase this activity.

1 Introduction

1.1 Definition of food insecurity

Food insecurity is defined by the Faculty of Public Health as ‘Lack of access to adequate, nutritious food in a socially acceptable way’ and says, ‘it is a key driver of poor health and wellbeing outcomes across the life course and affects an estimated 8-10% of UK households.’²

There has been a well-documented increase in food insecurity and use of foodbanks over the last few years, exacerbated by the Covid-19 pandemic and now cost-of-living pressures have further increased demand. This report will seek to identify the best available data and evidence on what this looks like nationally and in Derbyshire and what the evidence tells us should be done to tackle the problem. We will then identify any gaps or issues with current service provision and make recommendations for consideration by commissioners.

1.2 Scope

There are links between food insecurity and food supply, sustainable growth, climate change, adult obesity and child obesity. Some background information may be provided across these topics for context, however for this report, the scope will be limited specifically to food insecurity rather than food or obesity more broadly. For example, the ‘mapping of current services’ section will retain food insecurity services as the primary focus.

1.3 What is an HNA?

A Health Needs Assessment (HNA) is a ‘systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities.’³

The purpose of an HNA is defined as follows⁴:

- To identify the needs of a defined population in relation to a specified condition or group of conditions, a population group, or a particular service or intervention
- To consider the amount and distribution of a condition
- To identify vulnerable groups and those not currently accessing services (the extent of unmet need)
- To map service provision and the effectiveness of those services in meeting the needs of the targeted population
- To identify gaps between need and current service provision, or areas where current provision should be modified
- To suggest and recommend effective evidence based and cost-effective interventions or services to meet need, and use resources in the most effective and efficient way

A needs assessment ideally combines elements of all of the following approaches:

² FPH (2020) Abolition of PHE: Consequences for the UK Food System [fph-food-sig-disestablishment-of-phe.pdf](#)

³ HDA (2005) Health Needs Assessment: A practical guide [Health needs assessment: A practical guide \(ihub.scot\)](#)

⁴ HEE (2020) E Learning for HealthCare, Population Health Management module, ‘Assessing Needs’ chapter.

Figure 1: Different approaches to HNA. (Source HEE, 2020)

Epidemiological	Comparative	Corporate
An assessment of need that examines the distribution and determinants of health status in specified populations	An assessment of need that compares populations and sub-groups across spatial and social factors and characteristics	An assessment of felt and expressed need based on a range of key stakeholder views
For example, triangulation of incidence/prevalence, service use and effectiveness	For example, comparing variation in levels of service access and use between populations, health status and outcomes	For example, engagement with the public, professionals, commissioners, providers to gain insight

The table refers to the following types of need⁵:

- Normative need, based on professional judgement (such as the need for medical treatment)
- Felt need, which comprises individual's perceptions of variations from normal health
- Expressed need, which can be the vocalisation of need or how people use services
- Comparative need, based on judgements by professionals as to the relative needs of different groups

A needs assessment is a way of estimating the nature and extent of the needs of a population so that services can be planned accordingly. The purpose is to help focus effort and resources where they are needed most. A robust needs assessment provides commissioners with a range of information that can feed into and inform the planning stage of the commissioning cycle.

⁵ Bradshaw typology

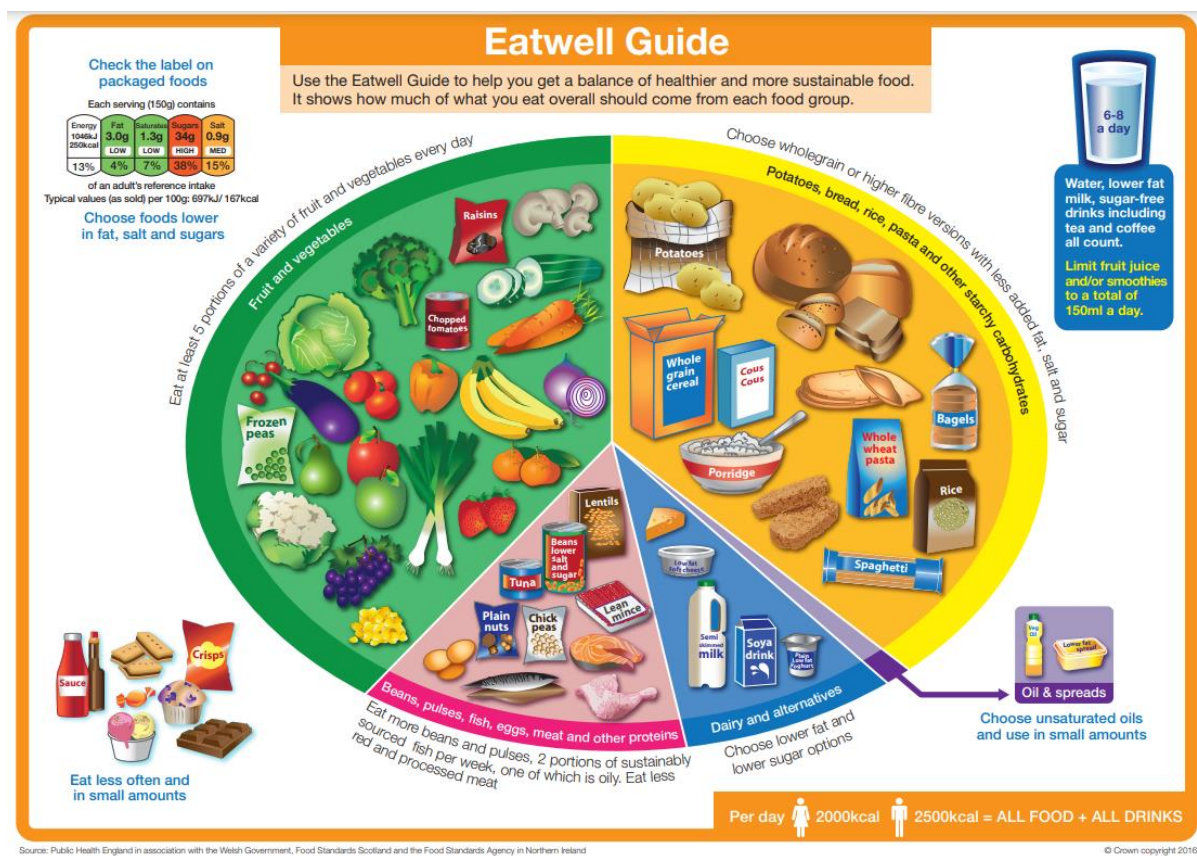
2. Introduction to Food Insecurity

The definition of food insecurity is defined by the Faculty of Public Health as 'Lack of access to adequate, nutritious food in a socially acceptable way'.

2.1 Definition of nutritious food

The government define a healthy diet using the 'Eatwell guide', more information about this can be found [here](#). As well as providing a healthy diet the government state that it will help with sustainability goals as well: "The Carbon Trust sustainability assessment indicated that the Eatwell Guide shows an appreciably lower environmental impact than the current UK diet":⁶

Figure 2: The Eatwell Guide. Source: UK Government (2018)



2.2 Affordability of food

The Food Foundation in their 2022 report '[Broken Plate](#)', have identified the % of disposable income required to eat a healthy diet. This is defined as following the government's 'Eatwell guide' and for the most deprived 5th of households this is 47%, compared to 11% for the most affluent 5th of households. This explains why those with low incomes are less likely to eat a healthy diet, due to the

⁶ [The Eatwell Guide - GOV.UK \(www.gov.uk\)](#)

higher price of healthy foods compared to unhealthy foods. A major risk factor for food insecurity is therefore low income.⁷

Figure 3: Cost of Healthy Food. Source: Food foundation, 2022

Cost of healthy food



Those on low incomes are at increased vulnerability to food insecurity. Many of the contributing factors will have been exacerbated by the cost-of-living crisis and will also impact on climate change and obesity prevalence. Nutritional knowledge and cooking skills are also important despite research showing on its own education does not change behaviour. The system therefore needs to shift the balance in favour of affordable, healthy and sustainable diets.

2.3 Availability

Availability of food is another key dietary driver of food choice. The ease with which people can access healthy and sustainable foods are important factors in determining what they eat. For example, if there is a plate of biscuits on the table during a meeting, people are much more likely to eat one. This matters in all the settings where people spend time eating or buying food: on high streets, in restaurants, takeaway outlets, in school canteens, and in supermarkets.

Local food environments vary across the country. Where people live can significantly affect their level of access to healthy food whether they are in a rural environment with little local access to fresh food or because they are in an area that is densely packed with takeaways but no outlets selling fresh food. People are understandably more likely to eat food which is convenient and readily available. Many products we routinely see on supermarket shelves and menus in restaurants, cafes and takeaways are too high in fat, salt and/or sugar, and lacking in fruit and vegetables. Measures like calorie and nutrition labelling can be helpful in some cases, but they put the responsibility on the

⁷ Source: Food foundation (2022) Broken Plate- Affordability of the UK Eatwell plate

individual to decipher whether something is healthy or not, and often the minority of available options are healthy. If instead manufacturers reformulated their products and businesses offered more healthy options, it would make these foods more readily available for people to eat.

Schools are particularly important settings for helping children to get sufficient nutrition to grow up healthily, focus in class and reach their full potential. Because of the vital role schools can play, it is important that the food that is available in schools is healthy.

2.4 Food deserts

Areas that are not close to supermarkets allowing the purchasing of cheaper healthy foods, are referred to in the research as 'food deserts'. People on low incomes living in these areas have lower levels of car ownership, and overall must dedicate a greater proportion of their income to transportation to secure food. They may have to walk long distances carrying shopping which is a particular struggle for older people and for those with large families requiring large quantities of food. (Blake et al, 2018) Sheffield University estimated in 2018 that nationally there were 1.2 million people living in these 'food deserts' defined as living in low-income areas with low access to affordable food. These estimates pre-dated the cost-of-living pressures and the withdrawal of the £20 uplift to Universal Credit therefore are currently likely to be a significant underestimate.

3. National prevalence

3.1 Family Resources Survey (Department for Work and Pensions, DWP)

The official, annually produced statistic for food insecurity is captured in the DWP Family Resources Survey. It has national statistic status which means it meets ‘the highest standards of trustworthiness, quality and public value and comply with all aspects of the Code. The Office for Statistics Regulation has undertaken this assessment to consider whether the statistics meet the required standard.’

The most up to version of this annual survey was published in March 2022 but data relates to 2020/21. Food Security is defined as people in the UK who have physical and economic access to food at all times. It shows a small increase in food security which pre-dates current cost of living and inflationary pressures.

The key messages from the 2022 report:

- 93% of households regard themselves as being food secure in the financial year 2020 – 2021
- In the last decade food and non-alcoholic drinks have become relatively cheaper. Housing and transport make up the largest share of household spend.
- Access to food shops is adequate, at least 84% of the population can reach a shop within 15 minutes by walking or public transport.

DWP: Family Resources Survey [Family Resources Survey: financial year 2020 to 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2020-to-2021)

The data shows that most households were food secure, with high household food security (88%) or marginal household food security (5%). A minority of households were food insecure, with low household food security (3%) or very low household food security (3%). The proportion of households that are food secure has increased by one percentage point from 92% in 2019 to 2020 to 93% in 2020 to 2021.

3.1.1 Indicator definition

The full definition of the indicator and these categories as recorded in this survey by the DWP is reproduced in full below as this is considered essential to this chapter:

“Food security” as a concept is defined as “access by all people at all times to enough food for an active, healthy life”. Questions relate to the household’s experience in the 30 days immediately before the interview.

The questions are put to the person in each household who is best placed to answer about food shopping and preparation. These respondents are asked the first three questions, on whether they are concerned about:

- food running out before they had enough money to buy more
- the food they had bought not lasting, and not having money to buy more
- not being able to afford balanced meals

The possible answers are 'often, 'sometimes' or 'never' true. If respondents say that all three statements are never true, they will not be asked further questions on food security. If respondents answer that any of these statements are sometimes or often true, they will be asked further questions on the extent of their food security.

Taking the responses together, a household 'score' for food security is then derived. This is a measure of whether households have sufficient food to facilitate active and healthy lifestyles. This measure has four classifications:

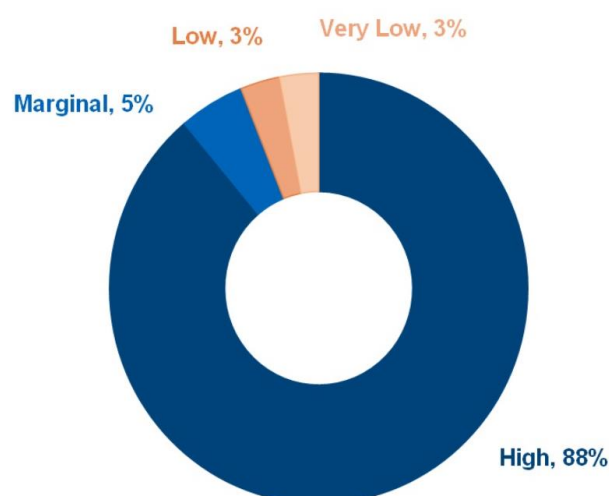
- High food security (score=0): The household has no problem, or anxiety about, consistently accessing adequate food
- Marginal food security (score= 1 or 2): The household had problems at times, or anxiety about, accessing adequate food, but the quality, variety, and quantity of their food intake were not substantially reduced
- Low food security (score = 3 to 5): The household reduced the quality, variety, and desirability of their diets, but the quantity of food intake and normal eating patterns were not substantially disrupted
- Very low food security (score = 6 to 10): At times during the last 30 days, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money and other resources for food

High and marginal food security households are considered to be "food secure". Food secure households are considered to have sufficient, varied food to facilitate an active and healthy lifestyle. Conversely, low and very low food security households are considered to be "food insecure". Food insecure households are where there is risk of, or lack of access to, sufficient, varied food.

The broad structure and sequence of the questions is the same as those used internationally. They are used within the UK (Food Standards Agency) and are also used by other countries, including the United States Department of Agriculture, enabling broad international comparability of the results.

3.1.2 Results

Figure 4: Household Food Security (Source: DWP 2020 - 2021, Family Resources Survey)



Groups identified at higher risk of food insecurity in the FRS:

- Households with low incomes
- Head of household aged 16-24
- Low educational attainment
- Black ethnic group

These are described in more detail below with some figures.

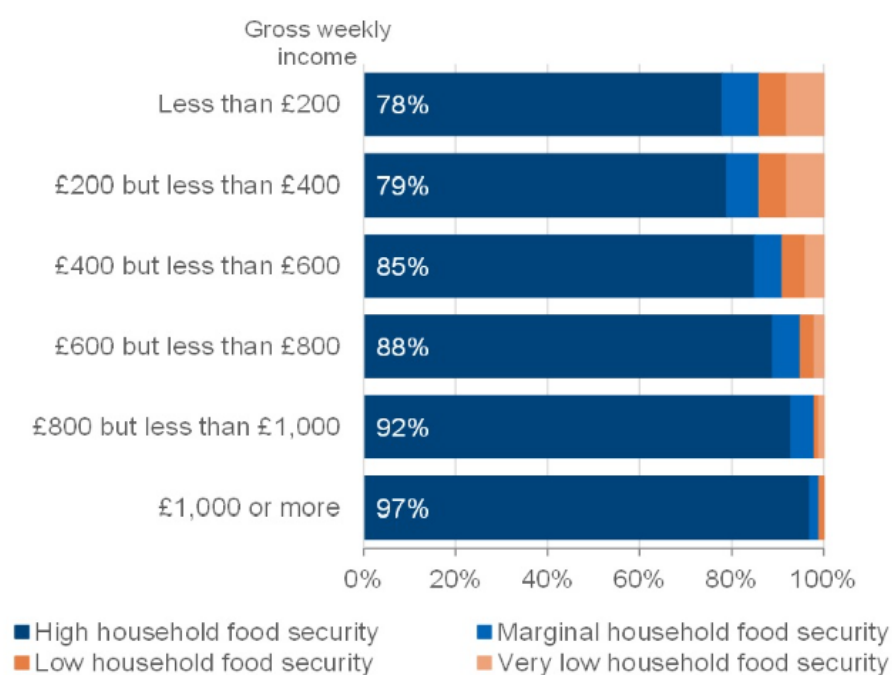
Household income

Households on higher weekly incomes were more likely to be food secure:

households with gross incomes of less than £200 per week (7% of households) were the least likely to be food secure (78% high; 8% marginal)

households with gross incomes of £1,000 or more per week (28% of households) were the most likely to be food secure (97% high; 2% marginal)

Figure 5: Food insecurity by income. (Source: DWP 2020 - 2021, Family Resources Survey)

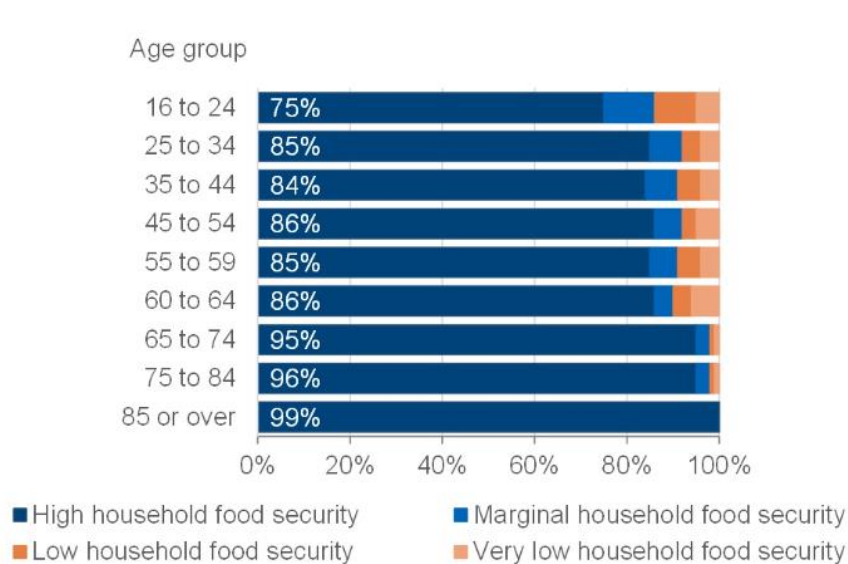


Age of head of household

- Households where the head is aged 25 to 64 display similar levels of food security. In contrast, the proportion of food secure households is greater where the head is aged 65 and above, indicating that households with a working-age head are less likely to be food secure than households with a State Pension age head.

- households where the head was aged 16 to 24 years were the least likely to be food secure (75% high; 11% marginal)
- households where the head was aged 85 and over were the most likely to be food secure (99% high)

Figure 6: Food insecurity by age of head of household. (Source: DWP 2020 - 2021, Family Resources Survey)

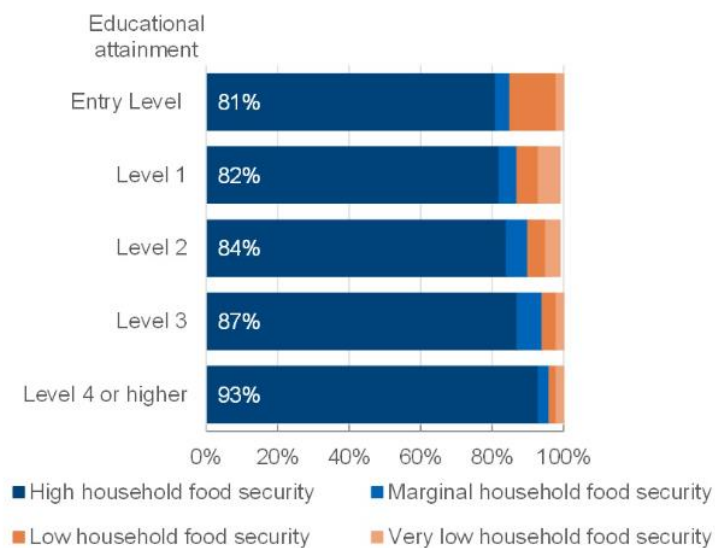


Educational attainment

The likelihood of a household being food secure increased with the level of educational attainment:

- households where the educational attainment of the head is Entry level (such as Entry Level Awards and Entry Level Functional Skills) were the least likely to be food secure (81% high; 4% marginal)
- households where the head had a qualification of Level 4 or higher (higher education qualifications, such as degrees) were the most likely to be food secure (93% high; 3% marginal)

Figure 7: Food insecurity by educational attainment. (Source: DWP 2020 - 2021, Family Resources Survey)



Ethnic group

- households that were most likely to be food secure had an Indian head of household (92% high; 4% marginal)
- where the head of the household was White, the proportion of food insecure households was small (3% low; 3% very low), although the absolute number of these households was substantially larger than those of other ethnic groups, due to the size of the group among the population
- households that were most likely to be food insecure had a Black head of household (9% low; 12% very low)

Household composition

Single-adult households with children had low rates of household food security.

The household food security questions do not ask about children directly. However, the questions can give an indication of the food security status of households that children live in. There was high variability between different types of households with children:

- households with two adults and children had rates of household food security that were similar to the national average (87% high; 6% marginal)
- households with one adult and children (9% low; 10% very low) were more likely to experience food insecurity than single-adult households without children (4% low; 5% very low). They also show larger rates of food insecurity than households with children but more than one adult:
- children, two adults (4% low; 3% very low)
- children, three or more adults (4% low; 2% very low)

Housing tenure

Households in the Social-renting sector were most likely to be food insecure.

Food security varied by tenure; households in the social renting sector (66% high; 12% marginal) and private renting sector (82% high; 7% marginal) were less likely to be food secure than all owner households (95% high; 3% marginal).

These differences were larger where the head of household was working age:

- households in the Social-renting sector and with a working-age head were the least likely to be food secure (58% high; 14% marginal)
- households in the Private-renting sector and with a working-age head were more likely to be food secure (81% high; 7% marginal)
- owned households (either owned outright or owned with a mortgage) and with a working-age head were the most likely to be food secure (94% high; 4% marginal)

3.2 Food and You 2 Survey, FSA

The Food Standards Agency (FSA) conducts a biannual survey, Food and You 2, which measures self-reported consumer knowledge, attitudes and behaviours related to food safety and other food issues amongst adults. The latest report, Wave 4, was published in August 2022, reflecting survey fieldwork conducted between 18th October 2021 and 10th January 2022.⁸

Key measures of food security are reported. The FSA follows the World Food Summit definition of food security, meaning that all people always have access to enough food for a healthy and active lifestyle. The survey uses the 10 item U.S. Adult Food Security Module and a 12-month reference period.

The latest survey found that:

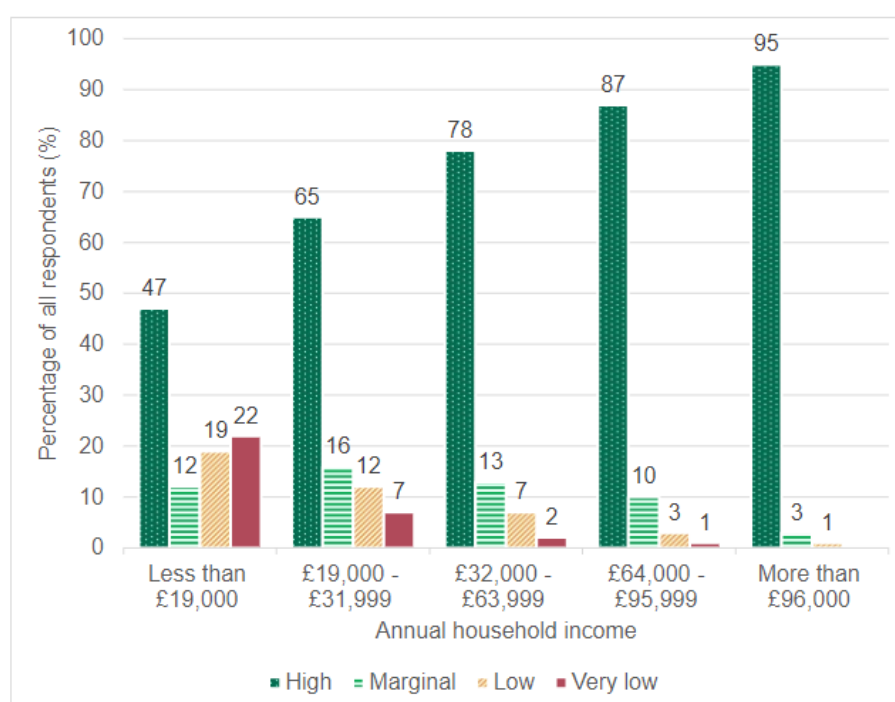
- across England, Wales, and Northern Ireland, 82% of respondents were classified as food secure (70% high, 12% marginal) and 18% of respondents were classified as food insecure (10% low, 7% very low)
- food security levels were comparable across England, Wales, and Northern Ireland

The survey methods used by the Family Resources Survey and the Food and You 2 Survey may account for the differing results. The latest Family Resources Survey (published 2022 but based on 20/21 data) reports that 93% of households consider themselves to be food secure. The Food and You 2 survey reports this figure at 82%. The Family Resources Survey used data collected by telephone interview in the year ending March 2021, the Food and You 2 survey collected data by completion of an online or postal survey between October 2021 to January 2022. Respondents may have been more willing to report their level of food security/insecurity through the confidentiality of an online/postal survey rather than admitting to an interviewer over the phone that they could not afford to eat. This could account for the difference between the figures. Also, the Food and You 2 survey has been completed at a slightly later stage into the current cost of living pressures.

Food security was associated with household income. Respondents with a higher income were more likely to report food security than those with a lower income. For example, 95% of respondents with an income over £96,000 reported high food security, compared to 47% of those with an income below £19,000 (Figure 8). Four in ten (40%) of those with an annual household income of less than £19,000 reported low or very low food security. See figure 8 below.

⁸ [Executive Summary for Food and You 2 Wave 4 | Food Standards Agency](#)

Figure 8: Prevalence of food security by income level. FSA (2022)



3.2.1 Results by different groups of people

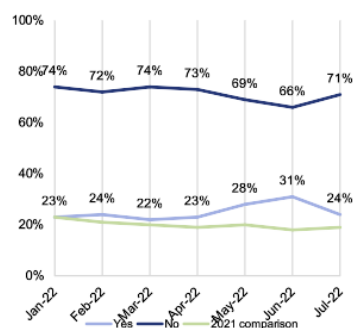
The reported level of food security also varied between different categories of people in the following ways:

- household size: smaller households (for example, 86% of single person households) were more likely to report that they were food secure compared to households with more than 5 people (72%)
- children under 16 in household: 85% of households without children under 16 years reported that they were food secure compared to 75% of households with children under 16 years
- NS-SEC: food security was more likely to be reported by respondents in most occupational groups (for example, 88% of those in managerial, administrative and professional occupations) compared to those who were in semi-routine and routine occupations (73%), and full-time students (71%). Those who were long term unemployed and/or had never worked (44%) were least likely to be food secure
- ethnic group: white respondents (85%) were more likely to report being food secure compared to Asian or British Asian (66%) respondents
- long term health condition: respondents who did not have a long-term health condition (88%) were more likely to report being food secure compared to those who had a long-term health condition (73%).

Some additional information (shown in figure 9 below) from the 'Food and You 2' survey show that the percentage of people who have skipped a meal because they did not have enough money to buy food has increased from 19% in 2021 to 25% in 2022. The percentage of people who have used a food bank has increased from 10% in 2021 to 15% in 2022 and the percentage of households worried about being able to afford food next month has increased from 22% in 2021 to 33% in 2022.

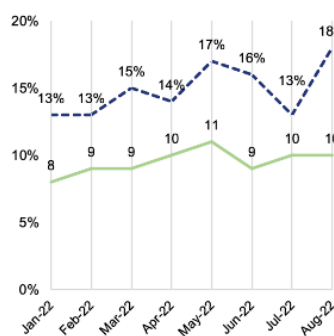
Figure 9: UK household food insecurity, key metrics for 2022 (FSA, Sep 2022 interim figures)

Q: have you cut down the size of your meals or skipped meals because you did not have enough money to buy food?



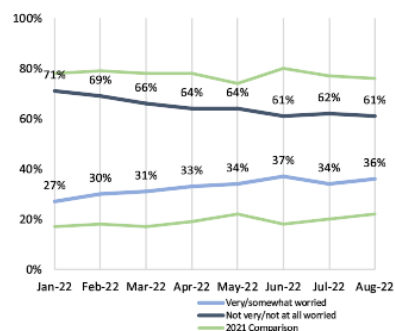
2021 average: (Yes) 19%
2022 so far average: (Yes) 25%

Q: Last month, have you used a food bank?



2021 average: 10%
2022 so far average: 15%

Q: are you worried that you/your household will not be able to afford food in the next month?



2021 average: 22%
2022 so far average: 33%

1 in 6 UK consumers are classed as food insecure

5

3.3 The Food Foundation: food Insecurity tracker

The Food Foundation are an independent registered charity that publish their own research and surveys with an aim of achieving a sustainable food system which delivers food and wellbeing for all.

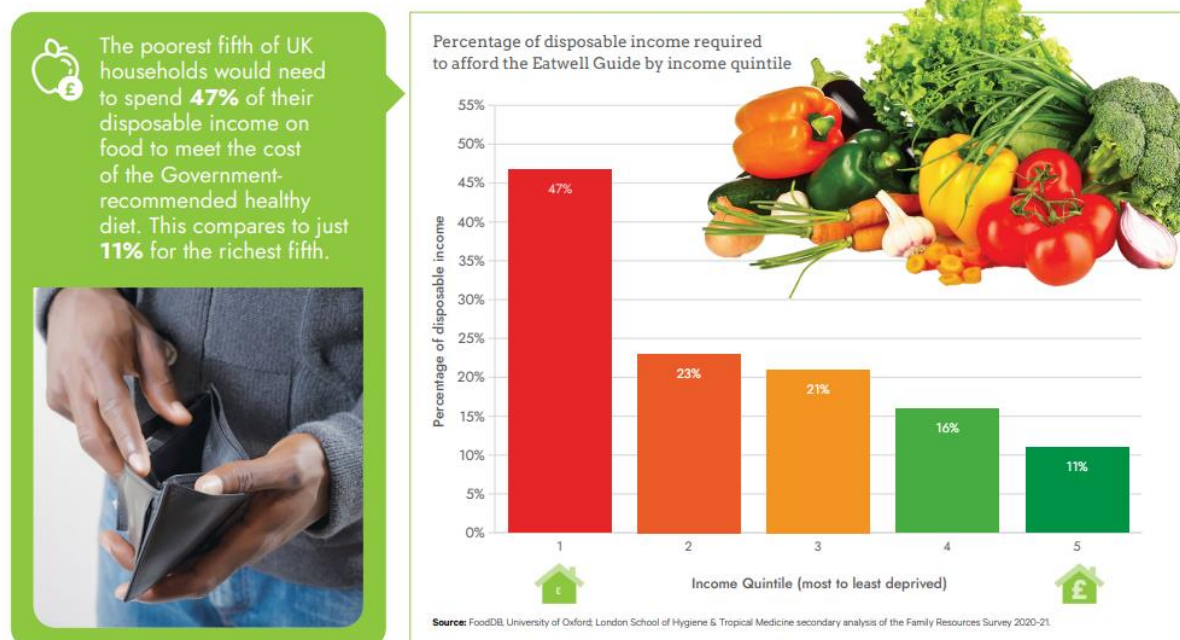
Recognising the rapidly changing picture of food insecurity currently, they publish a quarterly 'food insecurity tracker' as well as a food price tracker and a 'Childrens right2food dashboard'.

Affordability of a healthy diet

Research from the Food Foundation has found that in 2020/21 the poorest fifth of UK households would need to spend 47% of their disposable income on food to meet Eatwell Guide costs. This compares to just 11% for the richest fifth (Food Foundation, 2022). (See figure 10, below)

Figure 10: Affordability of a healthy diet. Source: Food foundation (2022) Broken Plate- Affordability of the UK Eatwell plate

Affordability of a healthy diet



Definition

The food foundation use a very similar method to the previous surveys in their monitoring, described below in figure 11.

Figure 11: Definition used for food insecurity by the Food Foundation in the Food insecurity tracker.
(Source: Food Foundation)

Measuring Food Insecurity

We asked three questions to assess whether people were food insecure.

If they answered yes to any of these three questions, they are classified as food insecure:

Have you/anyone else in your household:

- 1. had smaller meals than usual or skip meals because you couldn't afford or get access to food?**
- 2. ever been hungry but not eaten because you couldn't afford or get access to food?**
- 3. not eaten for a whole day because you couldn't afford or get access to food?**

We asked them if they had experienced this in a) **the last month** and b) **the last 6 months**.

These questions are part of the United States Department of Agriculture's Food Security Survey module. This is a validated survey tool, used to measure and monitor household food insecurity in many high-income countries, including the UK. These questions capture **moderate and severe experiences of food insecurity**.

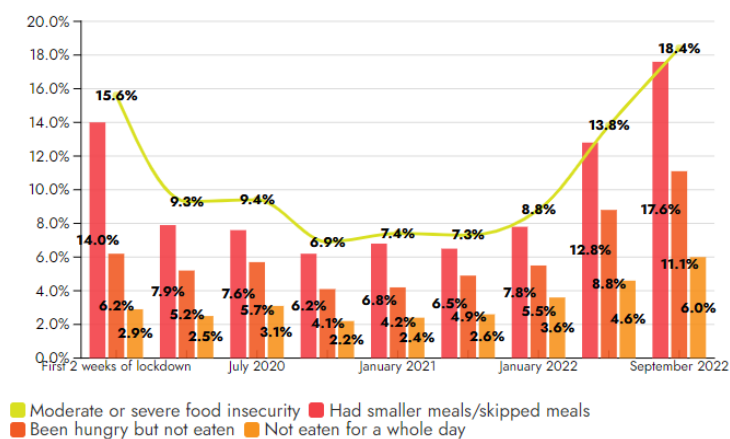
Food insecurity over time

Nationally, there are a high percentage of households in the UK experiencing food insecurity and it is rising. See figure 12 below., which pre-date the October 2022 price cap increase in energy prices, therefore further increases are likely. It shows a dramatic increase since January 2022 to 18.4%.

Figure 12: Food insecurity over time, Source: Food Foundation (2022)

9.7 million adults (18.4% of households) have experienced food insecurity in the past month

Percentage of households experiencing food insecurity*:



* 1-month recall period



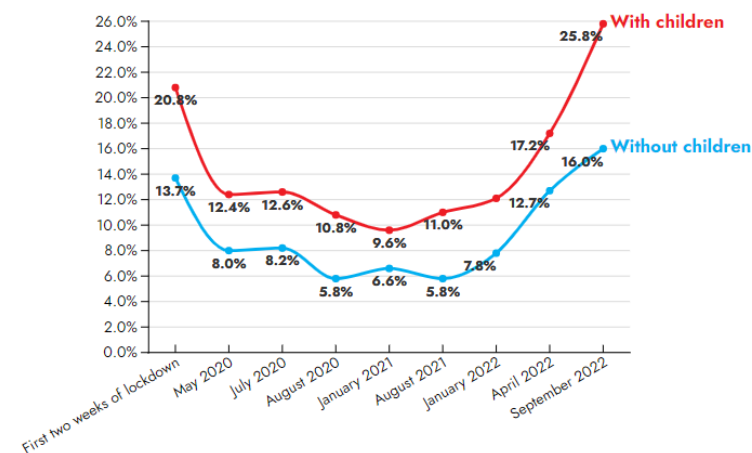
Families with children

Figure 13: Percentage of households experiencing food insecurity, with and without children. Source: Food foundation (2022)

The Food insecurity tracker data also shows a gap in food insecurity between households with children, reaching at 25.8% in September 2022, compared to 16.0% in households without. There has been a dramatic increase in both groups.

Food insecurity has increased more in households with children

Percentage of households experiencing food insecurity*:



* 1-month recall period



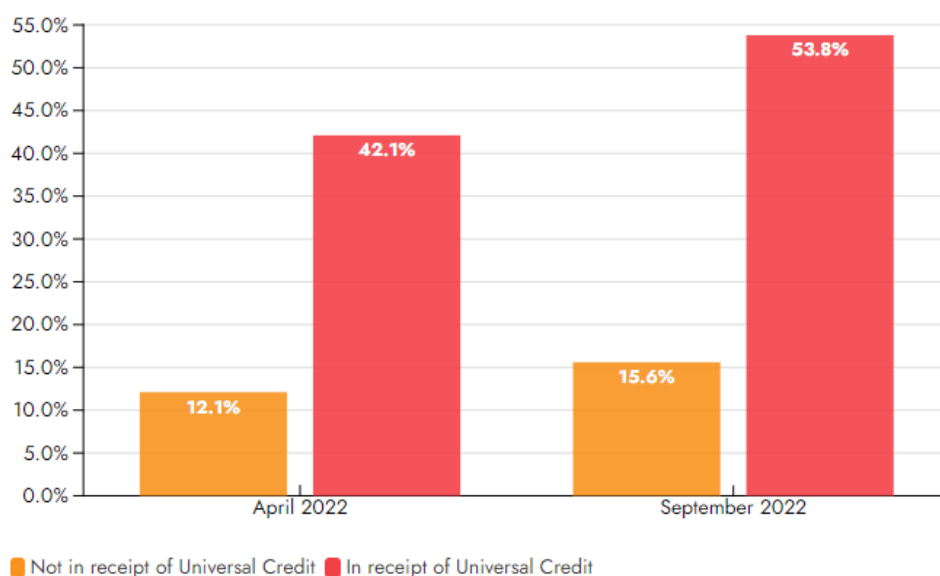
Universal credit

Figure 14 shows that over half (53.8%) of households in receipt of universal credit have experienced food insecurity in the past month, as at September 20022 which is an increase from 42.1% in April 2022. For households not in receipt of universal credit this has still increased, but from 12.1% to 15.6% in the same time period.

Figure 14: Percentage of households experiencing food insecurity, in receipt of universal credit/not in receipt of universal credit. Source: Food foundation (2022)

Over half of households on Universal Credit have experienced food insecurity in the past month

Percentage of households experiencing food insecurity*:



* 1-month recall period



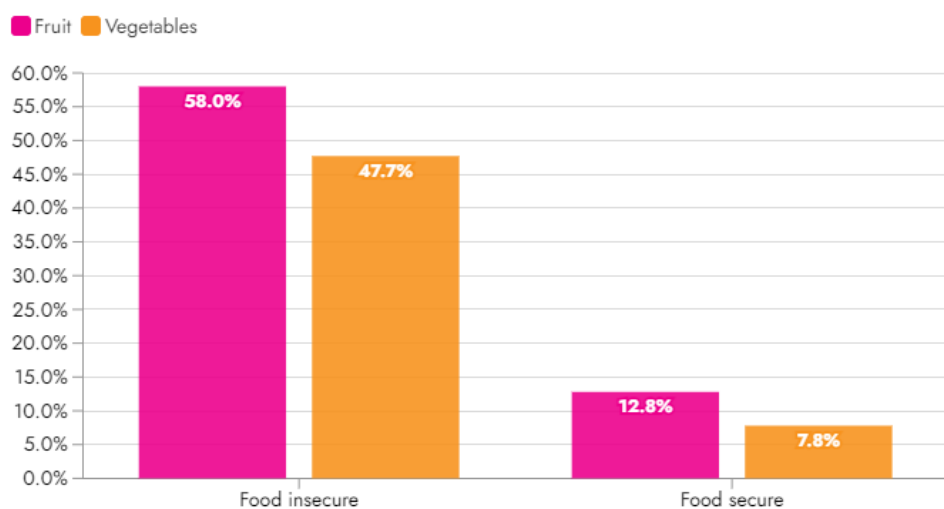
Impact of food insecurity and cost of living pressures on healthy eating

Figure 15 shows that 58% of households that are food insecure, have reduced their purchases of fruit in the last month and 47.7% have reduced their purchases of vegetables. Interestingly, even in those households that are food secure, 12.% have reduced their spending on fruit and 7.8% on vegetables.

Figure 15: Percentage of households reporting buying less healthy food in the past month. Source: Food foundation (2022)

Households who are food insecure* are cutting back on their purchases of healthy foods (fruit and vegetables) more than households who are food secure

Percentage of households who reported buying less in the past month



*1-month recall period



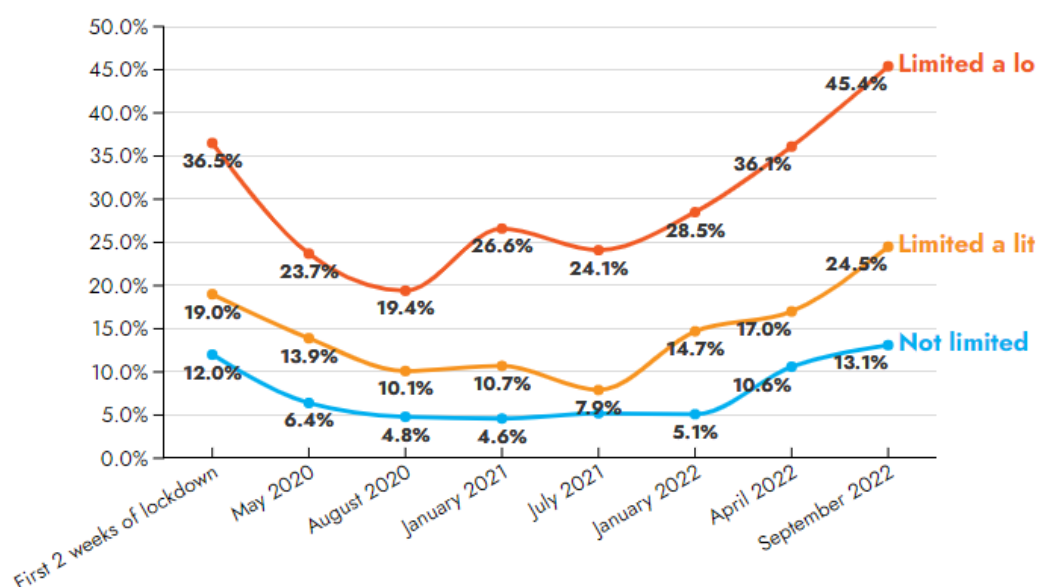
Disabilities

Figure 16 shows the recent increase in food insecurity and how this has been more pronounced for those with disabilities, and the gap has widened between those with and without disabilities.

Figure 16: Percentage of households experiencing food insecurity by level of disability. Source: Food foundation (2022)

There has been a widening of inequalities experienced by people with disabilities

Percentage of households experiencing food insecurity* according to level of disability:



* 1-month recall period



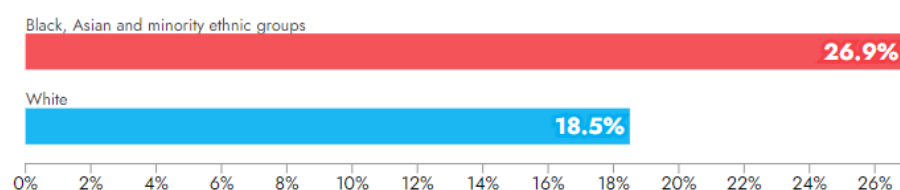
Ethnicity

Figure 17 shows white groups are less likely to experience food insecurity than black, Asian and minority ethnic groups.

Figure 17: Percentage of households experiencing food insecurity by ethnicity. Source: Food foundation (2022)

Non-White ethnic groups are more likely to be food insecure than White ethnic groups

Percentage of households experiencing food insecurity*:



* 1-month recall period



3.4 Other national prevalence information

Trussell Trust

The Trussell trust network is a network of foodbanks covering the UK. There are four in the Derbyshire area, Clay Cross, Chesterfield, South Normanton and Long Eaton & Sawley.⁹ They collate data from their network of food banks and publish this in regular reports to inform decision and policy makers working on the food insecurity agenda. The overall national data is likely to be generalisable to the Derbyshire population (given the 'average' nature of Derbyshire on a range of metrics covering population, economy and health and wellbeing outcomes¹⁰) and likely to mirror the experiences of non-Trussell Trust, Derbyshire local food banks.

A recent factsheet 'Emergency food parcel distribution in the United Kingdom: April – September 2022' (published November 2022¹¹) presents the following information:

1. Food banks in the Trussell Trust network experienced their busiest ever April – September
2. Over these six months, food banks have had to spend almost twice as much on food as they did last year
3. The UK government's Cost of Living Payment had some positive impact on need for emergency food parcels, with July seeing a dip in levels of need from previous months
4. The Cost of Living payment was spent quickly, and, following this, record levels of food parcels were distributed in August and September 2022
5. 328,000 people used a food bank in the Trussell Trust network for the first time in the last 6 months
6. The increase in need for emergency food parcels over this period has been seen across the UK
7. Need for food banks in England is growing in rural as well as urban communities
8. Food banks are reporting more working people needing to turn to food banks for support

More detailed information can be found within the factsheet, available at: [MYS-UK-Factsheet-2022.pdf \(trusselltrust.org\)](https://www.trusselltrust.org/mys-uk-factsheet-2022.pdf)

FSA Consumer Insights tracker

In addition to publishing the biannual 'food and you 2 survey' discussed earlier, the FSA also publish a monthly consumer insights report based on a sample of 2000 adults in England Wales and Northern Ireland. Some of the headline findings from the latest survey (October 2022) are given below:¹²

- The proportion of consumers who could not afford to eat a healthy balanced diet has significantly increased (36% in October 22 vs. 33% in September 22).
- The proportion of consumers using cheaper cooking methods (e.g.: using a microwave, air fryer or slow cooker) instead of an oven to heat or cook food has significantly increased since the previous wave (67% in October 22 vs. 59% in September 22).

⁹ [Find a Food Bank - The Trussell Trust](#)

¹⁰ OHID (2022) Public Health Outcomes Framework, Fingertips, comparing Derbyshire UTLA to England. [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

¹¹ [MYS-UK-Factsheet-2022.pdf \(trusselltrust.org\)](#) (Source: Trussell Trust, November 2022)

¹² [Consumer Insights Tracker – Monthly Bulletin \(October 2022\) | Food Standards Agency](#)

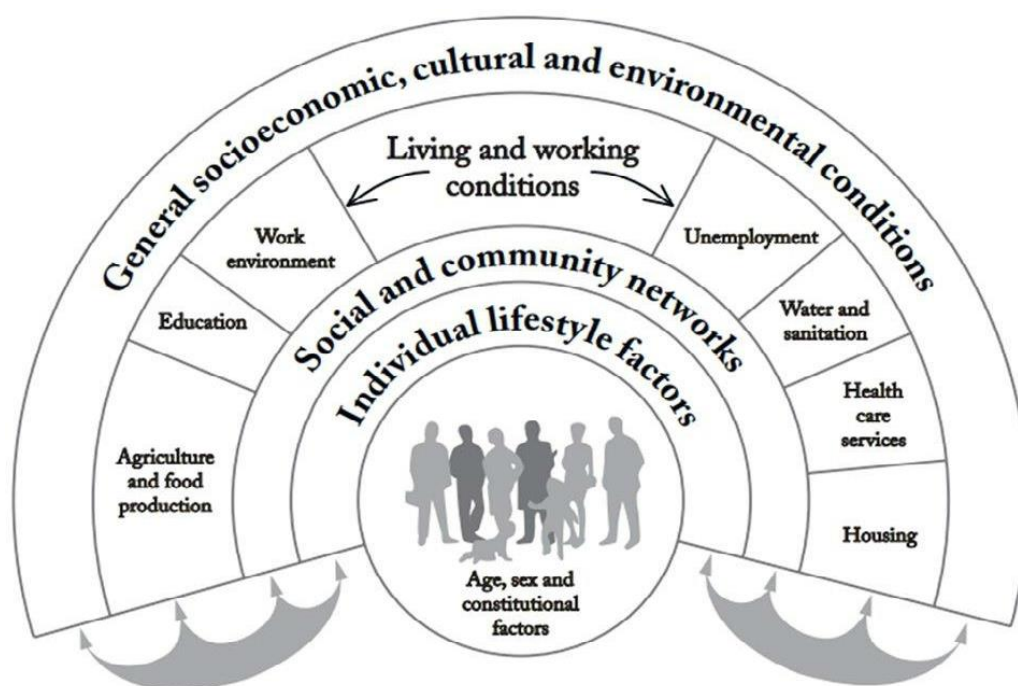
- A third (33%) of participants reported that they have eaten food past its use-by date because they could not afford to buy more food, a quarter (24%) reported eating cold food this month because they could not afford to cook hot food, whilst a fifth (18%) reported that in the last month they have turned off a fridge/freezer that contains food to reduce their energy bills and save money.

4. Links with obesity and other health impacts

4.1 Wider determinants of health

Wider determinants are a wide range of social economic and environmental factors that affect health and are a major cause of health inequalities. Health outcomes are very much determined by these factors, which include everything from the quality of housing, access to green space, to having secure employment and education; this is over and above behavioural factors or quality of or access to healthcare. The model has been widely discussed in the literature and in government strategies, but it is worth making the point here because those households experiencing income deprivation and therefore at risk of food insecurity, will also likely be at risk of a whole range of other negative health outcomes as well.

Figure 18: Wider determinants of health, Source: Dahlgren and Whitehead¹³



4.2 Obesity

Clear links have been made (FRAC¹⁴, Martins et al¹⁵, NHS Confederation¹⁶) between food insecurity and obesity. When people on low incomes have less money available to buy food they are more likely to buy cheaper, unhealthy foods that are filling, rather than fruit and vegetables.¹⁷ This leads to an increased risk of obesity and overweight and other diseases such as cardiovascular disease, type 2 diabetes and cancer. There will also be an impact on mental health.

Some of the health impacts of food insecurity have been mapped below (see figures 19 and 20) as part of the Public Health department's response to the Cost of Living pressures.

¹³ [Chapter 6: wider determinants of health - GOV.UK \(www.gov.uk\)](#)

¹⁴ [frac_brief_understanding_the_connections.pdf](#)

¹⁵ [Child food insecurity in the UK: a rapid review \(abdn.ac.uk\)](#)

¹⁶ [Why preventing food insecurity will support the NHS and save lives | NHS Confederation](#)

¹⁷ [Food Foundation \(2022\) Broken Plate](#)

Figure 19: Potential long-term impacts of food insecurity on a child. Source: KIT, DERBYSHIRE COUNTY COUNCIL PH. Using sources https://aura.abdn.ac.uk/bitstream/handle/2164/11624/Public_Health_Research_Review.pdf?sequence=1 and <https://post.parliament.uk/event-summary-food-insecurity-and-childrens-health/>

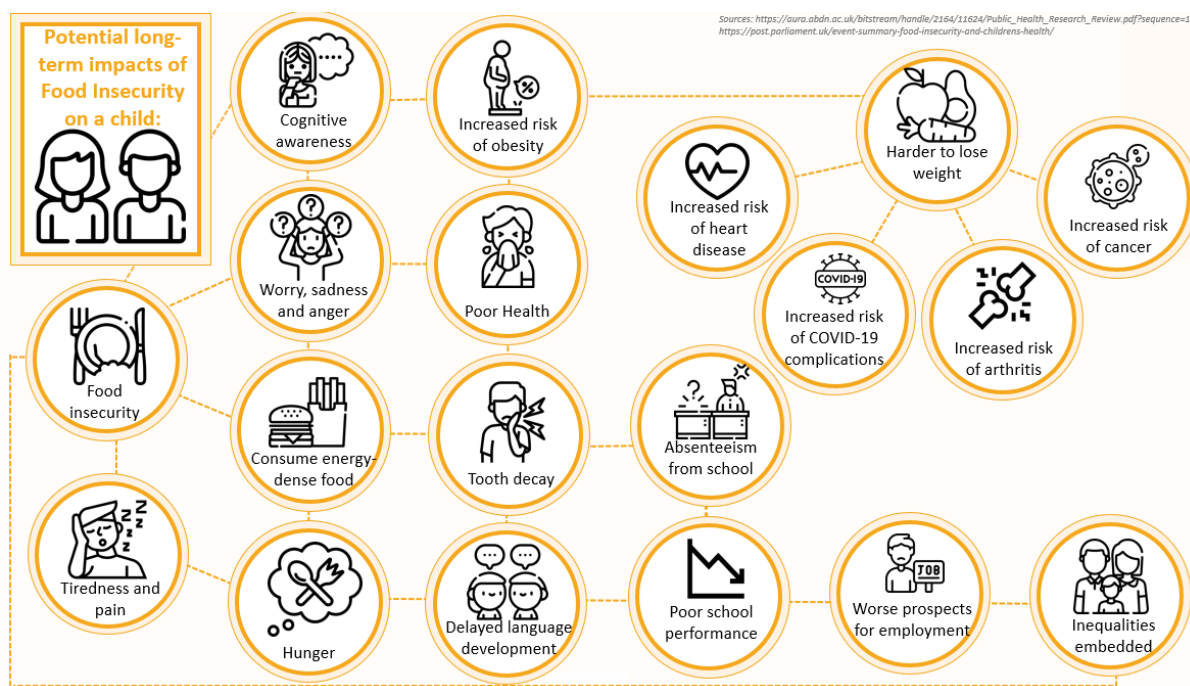
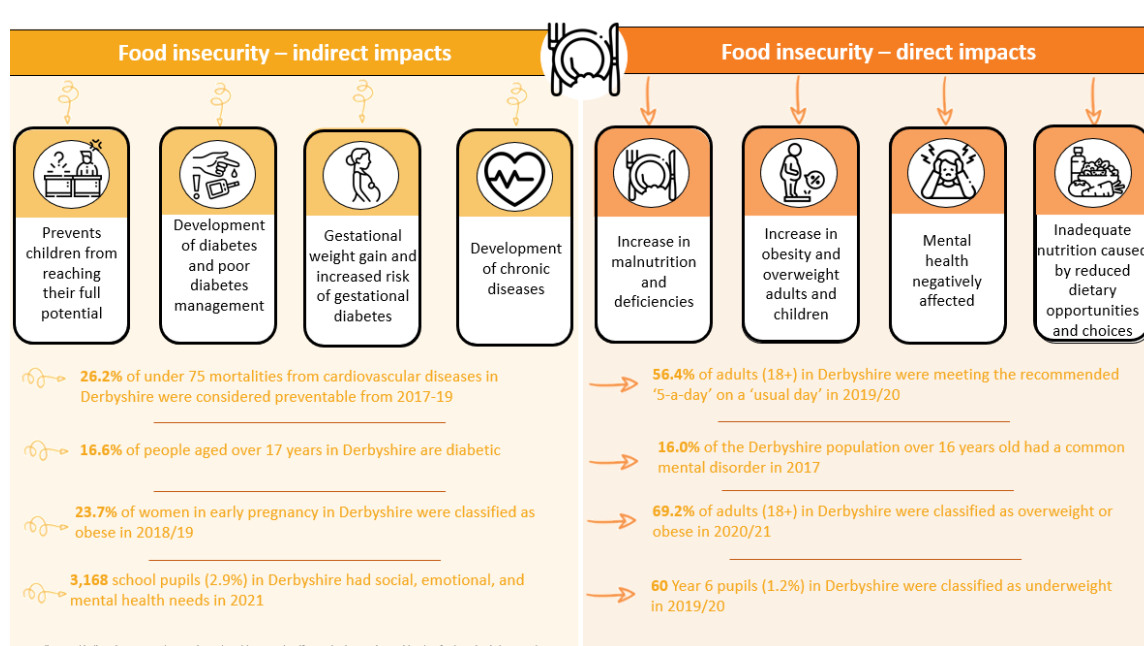


Figure 20: Direct and indirect impacts of food insecurity. Source: Source: KIT, Derbyshire County Council PH.

Using Sources:

direct and indirect impact: [Food Insecurity and Health across the Lifespan | Advances in Nutrition | Oxford Academic \(oup.com\)](https://www.oup.com/academic/)

Indicators: fingertips



5. Level of need in the Derbyshire population

We do not have good data on food insecurity in Derbyshire as the national surveys described above do not publish data at this level of geography. There is data available covering risk factors such as income deprivation available at a lower level of geography which will be presented below. There is also some modelled data available from various sources which will be presented below by district. This is an extremely fast paced area in terms of frequent releases of estimates and new modelled data, so an attempt has been made to include the best available data as of November 2022.

5.1 Estimated numbers experiencing food insecurity based on survey numbers, by district

The table below has numbers of households and total population, by district. Estimated numbers of both that are experiencing food insecurity have been calculated based on the middle of the three different estimates from the national surveys, which is the FSA 'Food and You 2' survey (Oct 2021-Jan 2022 fieldwork) which gave 18%.¹⁸ These are basic estimates which do not take account of the deprivation levels or other demographic factors therefore may not be accurate however give an idea of the numbers involved, if national prevalence from survey data is applied.

Figure 21: Estimated population and households experiencing food insecurity in Derbyshire, by district. Source: Population figures from Census 2021, released June 2022. Food insecurity estimate of 18% from FSA 'Food and You 2' survey, released August 2022.

District	Population	Population estimated experiencing food insecurity	Households	Households estimated experiencing food insecurity
Amber Valley	126,200	22,716	56,300	10,134
Bolsover	80,300	14,454	35,300	6,354
Chesterfield	103,600	18,648	48,100	8,658
Derbyshire Dales	71,500	12,870	32,300	5,814
Erewash	112,900	20,322	50,300	9,054
High Peak	90,900	16,362	40,800	7,344
North East Derbyshire	102,000	18,360	46,000	8,280
South Derbyshire	107,200	19,296	45,200	8,136
Derbyshire County	794,600	143,028	354,200	63,756

¹⁸ DWP/Household Resource Survey 7% (Fieldwork April 2020 to March 2021), FSA/Food and you 2 survey 18% (October 2021 to January 2022), Food Foundation Sep 2022 24%

To summarise, there are an estimated 143,028 people experiencing food insecurity across Derbyshire, across 64,756 households.

5.2 Income

Income is clearly linked as the main risk factor for food insecurity. In Derbyshire levels of income deprivation vary across the districts. Over 11% of the Derbyshire population (89,597 people) are likely to be food insecure (figure 22). Income deprivation is based on the number of people out of work and those on low earnings. As figure 21 below shows, there is variation across the districts in Derbyshire, with Chesterfield having the highest percentage of its population that are income deprived at 15.3% through to Derbyshire Dales at 6.8%. There will also be considerable variation within the districts and pockets of income deprivation within the more affluent districts (likely to be compounded by accessibility issues due to rurality).

Figure 22: Local Income Deprivation. Source: ONS (2021)/ IMD 2019

District	Income Deprived in 2019		Rank of most income deprived in 316 English local authority areas (1 is worst)
Amber Valley	10.9%	13,756	157
Bolsover	14.7%	11,804	79
Chesterfield	15.3%	15,851	71
Derbyshire Dales	6.8%	4,862	270
Erewash	12.0%	13,548	135
High Peak	9.7%	8,817	190
North East Derbyshire	11.2%	11,424	145
South Derbyshire	8.3%	8,898	225
Derbyshire County	11.1% (average)	89,960	

Measures are derived from the Indices of Multiple Deprivation produced by the Ministry of Housing, Communities and Local Government (2019). Population figures ONS Census 2021 initial outputs.

5.3 University of Sheffield estimates

The University of Sheffield have produced some estimates of food insecurity using the Food Foundation survey data which they have modelled down to lower tier local authority based on demographic data. In technical terms this is known as multilevel regression based small area estimation and more information can be found in their technical report.¹⁹ The main predictor variables used in the model were age, whether the person suffers from long-term health problem or disability, approximated social grade, ethnicity, index of multiple deprivation, and a variable indicating whether the person lives in a one-person household or not.

Figure 23 below shows the Derbyshire districts and boroughs (and surrounding areas, as it is not possible to remove these), which shows the lowest levels of food insecurity in Derbyshire Dales, followed by North East Derbyshire, South Derbyshire and High Peak, followed by Chesterfield and then Erewash, Bolsover and Amber Valley.

¹⁹ [UK Local Food Insecurity Briefing Report Read me.docx \(google.com\)](#)

The estimates have been downloaded and are presented in a table, below in figure 23. The large confidence intervals do show that there is some uncertainty in these estimates however they are likely to be useful to give an indication of how food insecurity varies across the county.

Figure 23: Estimated % of adults experiencing struggle with food insecurity, Jan 2021. Source: University of Sheffield, using food foundation data. [UK local food insecurity of Adults Jan 2021 \(arcgis.com\)](#)

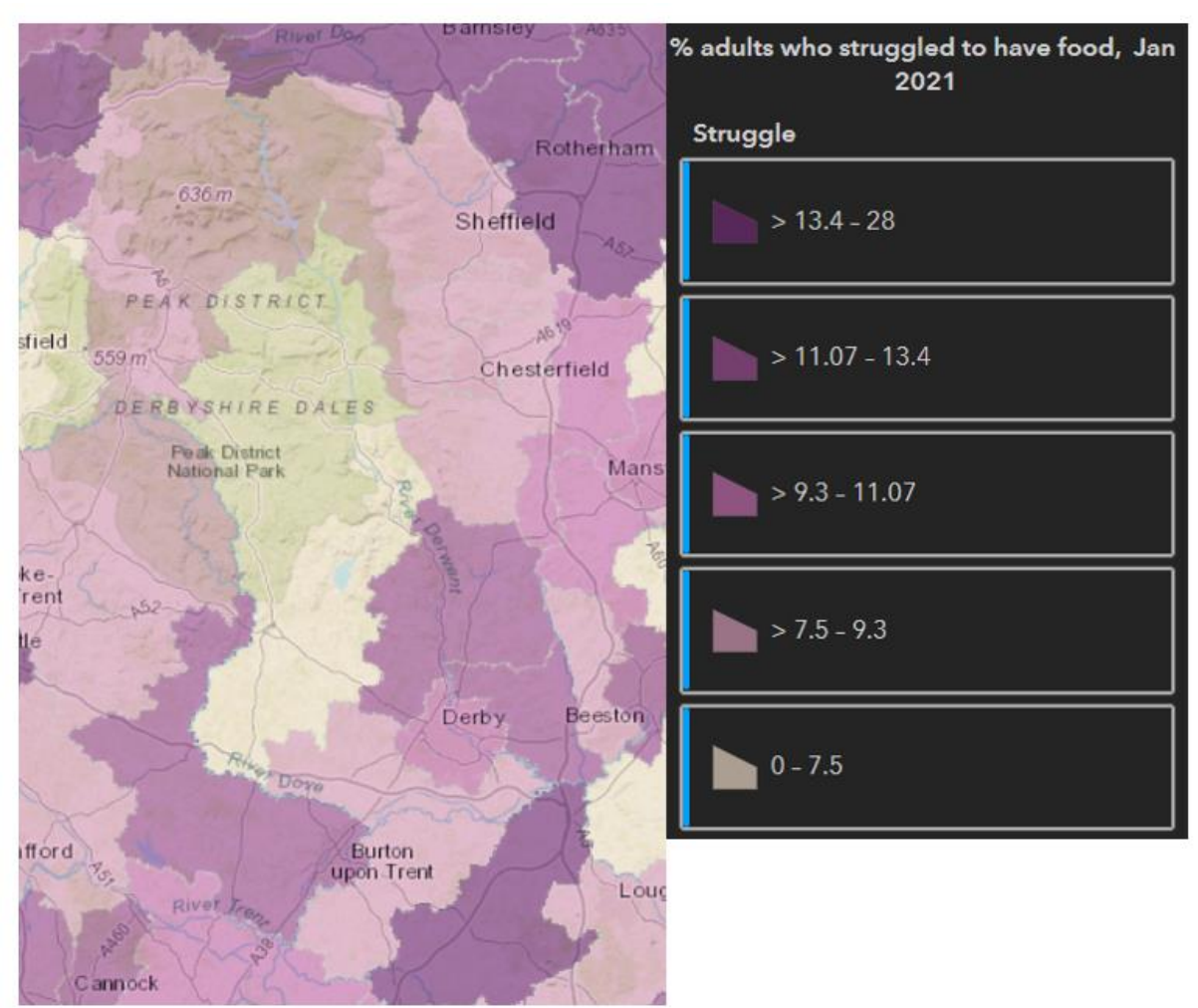


Figure 24: Estimated % of households experiencing struggle with food insecurity, based on Jan 2021 data. Source: University of Sheffield, using Food Foundation data.²⁰

	% households experiencing struggle with food insecurity		
LA Name	Estimate	95% lower bound	95% upper bound
Amber Valley	13.20	0.00	26.77
Bolsover	9.38	0.00	21.16
Chesterfield	8.96	0.00	20.89
Derbyshire Dales	6.14	0.00	14.80
Erewash	11.66	1.31	22.01
High Peak	9.09	0.35	17.83
North East Derbyshire	8.44	0.00	17.49
South Derbyshire	7.88	0.00	16.10

5.4 University of Southampton estimates

The University of Southampton (which hosts the ESRC Economic and Social Research Council) has used a slightly different methodology to produce LSOA/MSOA/LTLA level estimates of food insecurity.²¹ The predictive factors included in the model are shown below in figure 25. The main factor that is additional to the University of Sheffield estimates is an estimate of rurality, captured within distance to a supermarket. These estimates are however based on slightly older data.

²⁰ University of Sheffield (2021) using Food Foundation data. Local authority estimates can be downloaded here: https://drive.google.com/file/d/1_arVrQ9Y3t_26E28888SBv7QH5Aax2Zs/view?usp=sharing

²¹ Smith et al 2021, Available at <https://mylocalmap.org.uk/iaahealth/>

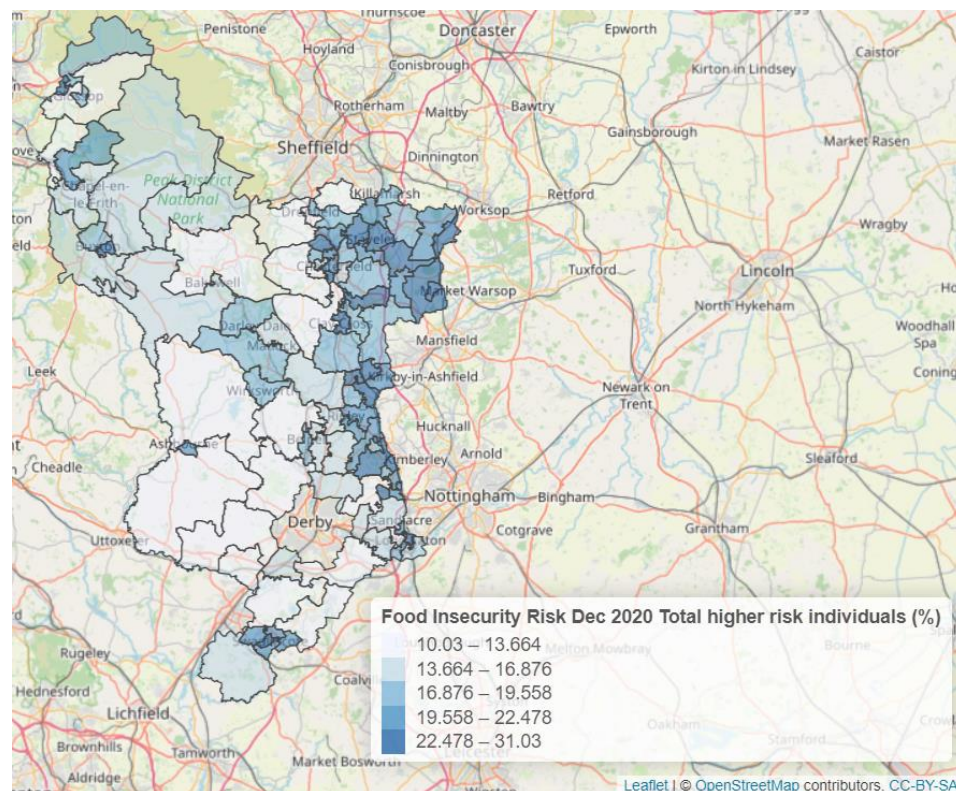
Figure 25: Indicators included within the University of Southampton estimates of food insecurity.

Appendix: Food Insecurity Index Domains and Indicators

Simple Domains	Simple Indicators	Complex Domains	Complex Indicators	Source
Benefits (50%)	Claimants of benefits, age 16-64 (%) Claimants of benefits, age 65+ (%)	Household Composition (50%)	Claimants of benefits, age 16+ (%)	DWP 2020/21
Household Composition (50%)	Persons on low income and either living alone, or living in a household with dependent children, age 0-64 (%)		Persons on low income and either living alone, or living in a household with dependent children, all ages (%)	Census 2011
	Living alone, age 65+ (%)		Persons with no educational qualifications, age 16+ (%)	Census 2011
Complex Index Only			Mental ill health, composite	IMD 2019 Mood & Anxiety indicator
		Structural Risk (50%)	Minutes to nearest employment centre (size 100+ jobs) by public transport (bus, train, walking), age 16-74	Department for Transport 2017
			Median download speed Mbit/s by connections in an area	Ofcom Fixed performance data 2020
			Bus stops per km ² using LSOA area size from the ONS	National public transport access node (NaPTAN) 2020
			Distance (Euclidean km) to medium and large grocery stores (1,400m ² +)	Geolytix Retail Points 2021

Figure 26: Map of Food Insecurity Risk Dec 2020 Total higher risk individuals (%). Source: University of Southampton estimates primarily based on Census 2011, DWP 2020, ONS 2019

The areas highlighted with higher percentage of high risk individuals largely follow the areas of higher deprivation to the east of the county with the addition of some rural areas across the county as well.



6. Current provision

6.1 Feeding Derbyshire Network

The Feeding Derbyshire network is a countywide partnership aimed at finding sustainable solutions to help feed people who are struggling with low incomes and debt, and to enable them to access good quality, nutritious food. The partnership is led by Rural Action Derbyshire with a range of other partners (including Derbyshire County Council) across the districts and boroughs. It supports a range of programmes including, school holiday food programme, community food banks, community pantries and community kitchens.

<https://www.ruralactionderbyshire.org.uk/feeding-derbyshire>

6.2 Food Banks

Rural Action Derbyshire co-ordinate a list of food banks that are part of the Feeding Derbyshire partnership, community pantries and cafes registered with the Feeding Derbyshire network are also included in this list:

<https://www.ruralactionderbyshire.org.uk/foodbanks>

There are 34 food banks in the county currently registered with the network and food donation points at 40 libraries. To receive a parcel, residents must have a referral (details on the link below) –

<https://www.derbyshire.gov.uk/social-health/health-and-wellbeing/your-communities-health/making-health-fairer/food-banks/food-banks.aspx>

There are also additional food banks that are not part of the network.

6.3 Community shops / pantries

<https://www.ruralactionderbyshire.org.uk/news/Derbyshire-County-Council-funding-from-the-feeding-derbyshire-community-pantry-scheme>

Rural Action Derbyshire received £300k from Derbyshire County Council in 2021 to help set up 12 community shops / pantries across the most deprived areas in Derbyshire. Forming an affordable food network, they sell nutritious food and are working towards being self-sufficient. The running of each scheme varies in terms of location and membership model. There are seven pantries open as at November 2022 with more planned. Appendix 2 shows maps of where the current pantries are located (as at December 2022). Each shop aimed to attract at least 100 members, who all paid a small fee to join, they then contribute a small amount towards the food they receive on their weekly visit. Uptake has far exceeded this target with over 1500 families registered so far across all the pantries and demand continues to be extremely high, however set up has been slightly slower than expected due to greater ongoing support needs required due to cost of living pressures. The map in appendix 2 with income deprivation as a marker of need, with the pantries identified as pin points over the top, has identified these particular areas of unmet need: Glossop, Buxton, Belper, Swadlincote, Ilkeston, Long Eaton, Staveley. Development of pantries in these areas would be advisable.

6.4 Healthy start

[Get help to buy food and milk \(Healthy Start\)](#)

This national scheme allows mothers from 10 weeks of pregnancy until their child is 4 years old to have help to purchase healthy food and / or milk for their child.

Public Health have worked with partners to increase take up in Derbyshire and this work will continue.

6.5 Free School Meals

All children in reception, year 1 and 2 are eligible for a free school meal regardless of personal circumstances.

Some families will be eligible to apply for free school meals beyond this if they meet the criteria outlined in the link below (these are benefits related)

<https://www.derbyshire.gov.uk/education/schools/your-child-at-school/meals/school-meals/free-school-meals.aspx>

Applications will be processed within 2 weeks and the child can access meals straight away if they are eligible. This will remain in place for their school years, although Derbyshire County Council should be notified if there is a change in circumstances.

There has been an increase in the number of families eligible for Free School Meals, an indication that family income is reducing. The latest figure for Derbyshire was 24.7% (England 22.5%) of families eligible for Free School Meals in 2021/2022 compared to 22.3 in 2020/2021 (20.8% for England).

In terms of uptake, not all those eligible actually take up the offer of free school meals. The latest 2021/22 data which as published in June 2022 indicates that out of 27,006 children eligible in Derbyshire, 19,905 had taken them (74% of those eligible). This compares to 75% nationally so reasonably comparable however there remains room for improvement.

Figure 27: Pupil characteristics - Free school meals- 2021/22 published June 2022. Source: Department for Education, Explore Education Statistics²²

		FSM - Percentage of pupils	Headcount
Derbyshire	Total	100.0	109,231
	Eligible since March 23rd 2020	0.0	9,756
	FSM eligible pupils taking free school meals	18.2	19,905
	infants taken a free school meal on census day	19.7	21,489
	known to be eligible for free school meals	24.7	27,006
	known to be eligible for free school meals (used for FSM in Performance Tables)	25.6	25,834
	number of pupils (used for FSM in Performance Tables)	100.0	100,827

²² [Create your own tables, Table Tool – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](#)

England	Total	100.0	8,418,604
	Eligible since March 23rd 2020	0.0	757,833
	FSM eligible pupils taking free school meals	17.0	1,432,561
	infants taken a free school meal on census day	19.1	1,611,131
	known to be eligible for free school meals	22.5	1,897,449
	known to be eligible for free school meals (used for FSM in Performance Tables)	23.5	1,824,244
	number of pupils (used for FSM in Performance Tables)	100.0	7,764,780

6.6 Holiday activities and food

<https://www.derbyshire.gov.uk/education/out-of-school/holiday-activities-with-food-programme/holiday-activities-with-food-programme.aspx>

This programme offers a range of school holiday activities for children and young people across Derbyshire in the Easter, summer, and Christmas holidays. These can be accessed by families who receive benefit related free school meals. Places are allocated on a first come first served basis.

6.7 Food for life

Food for life is an accreditation scheme run by the Soil Association with funding from Derbyshire County Council public health department.²³ Schools can achieve bronze silver or gold. This certification means schools can reassure pupils, parents, carers, and the wider community that schools are serving food that is sustainably sourced and traceable, as well as being nutritious and fresh. FFL has worked alongside the catering service in Derbyshire to achieve Bronze FFLSH certification for 19 secondary schools, Silver certification for 238 primary schools, and Gold certification for 3 primary schools. They work with schools to improve their school culture by:

- supporting changes to the food served in the schools
- embedding a positive food culture that helps children to eat a more balanced diet
- building food education into the curriculum so children know where their food comes from, and how to grow and cook healthy food
- supporting pupils to advocate for a better food environment.

These school-led changes help to drive healthy diets and positive eating behaviours for life.

More information can be found in the 2022 Impact report.²⁰

6.8 Cost of living

Derbyshire County Council have developed a microsite²⁴ on the main council website which describes the range of support available and signposts people on how to access the support. There has also been a Cost of Living campaign during 2022 to promote and share this information across the community. This work will continue into 2023.

²³ [ffl_derbyshirereport_2022_final-2.pdf \(foodforlife.org.uk\)](#)

²⁴ [Cost of living - Derbyshire County Council](#)

This includes links to welfare advice information, food projects, warm spaces and mental health support, as well as many other services.





The cost of living is rising and this could have a big impact on all aspects of your finances including energy bills, the cost of your weekly shop and your take home pay.

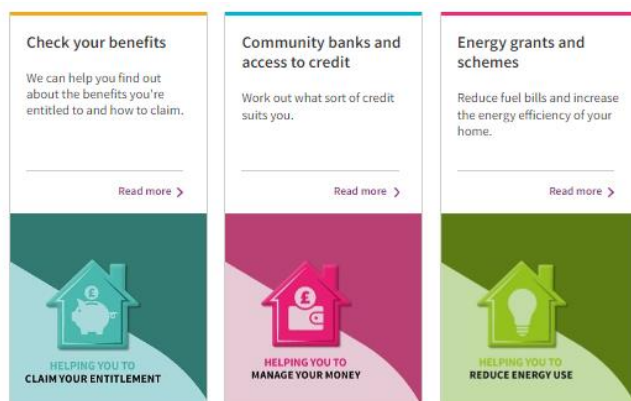
We've put together lots of information and advice, designed to ensure that you're getting all the help that you are entitled to. You can also [sign up to get the latest advice and information by email](#) .

The amount of money that the members' [Community Leadership Scheme](#) allocates to each of our 64 county councillors annually has been doubled.

From advice around [welfare rights and benefits](#), to [support for families](#), people with [long-term health conditions](#) and [carers](#). We've also got advice on how to become more energy efficient, [reduce food waste](#) and information about [local food support projects](#).

It's worth remembering that [all our libraries across the county offer warm and welcoming spaces for everybody](#), and you don't need to be library member to visit our libraries. You can also [find what venues in Derbyshire are offering warm spaces](#).

The government has also launched its [Cost of Living campaign](#)  giving information about the financial support package that is rolling out nationally, including help with bills. You can find out more about what you are eligible to receive. [The government has outlined plans to help cut energy bills for businesses](#) .



6.9 Welfare rights

Derbyshire County Council has an in-house welfare rights service which aims to support the Derbyshire population to understand the benefits they are entitled to and how to claim. There is a dedicated website which provides many useful links to relevant information as well as the contact details for the service.²⁵

²⁵ [Welfare benefits - Derbyshire County Council](#)

In this section

Welfare benefits >

Challenging benefit decisions and appeals >

Disability and carers benefits >

Families and children >

Pensioners >

Help with housing costs and Council Tax >

Preventing homelessness >

Redundancy >

Jobseeker's Allowance >

Employment and Support Allowance (ESA) >

Universal Credit >

Short-term benefit advance >

Welfare benefits news >

Welfare benefits

Thousands of people in Derbyshire are missing out on benefits that are theirs by right. Sometimes the system doesn't make it easy for you to understand the rules about benefits or how to claim the benefits you are entitled to. Our welfare rights team can help you find out about the benefits you're entitled to and how to claim.

Share this page    

We can help with advice and can take on any representation that you may need, including:

- dealing with welfare benefits and tax credits, sometimes referred to as social security
- advice over the phone about which benefits to claim and how to claim them
- sending out claim forms and advising on how to challenge decisions by the benefits authorities
- helping you if you don't agree with a decision made about your benefit claim, including preparing appeals and representing you at tribunal hearings

If you disagree with a benefits decision time limits usually apply so you need to seek advice about [challenging the decision](#) right away.

To get help:

- email: welfarebenefits@derbyshire.gov.uk
- tel: 01629 531535 from 11am to 4pm on Monday, Tuesday, Thursday and Friday
- print off the benefit check sheet attached to this page and send it to us
- if you have a social worker you can ask them to make a referral

Low income

You may be able to claim benefits based on your National Insurance record if you're unemployed or too unwell to work ([Jobseeker's Allowance](#) or [Employment and Support Allowance](#)). These can be topped up with low-income benefits.

If you've previously claimed help because your income is too low, you may have a claim for Income Support, Income Based Jobseeker's Allowance, Income-Related Employment and Support Allowance. If you need help with an existing claim for one of these benefits, please contact us.


If you're making a new claim for low-income benefits, you'll need to claim [Universal Credit](#).

If you (and your partner if you have one) are of pension age see our [information for pensioners](#).

If you're a carer for a disabled person, you may be able to get [disability and carers benefits](#).

You may also be able to get [help with housing costs and Council Tax](#).

Further help

Being on a low income can cause a lot of stress and worry. If you are struggling emotionally you can talk to the [Samaritans](#)  at any time of the day or night, tel: 116 123.

Benefit changes and coronavirus

The benefits information on these web pages is up-to-date. It describes the way the system works under normal circumstances.

During the coronavirus outbreak there have been temporary changes to benefits rules. Some are still in place and some no longer apply.

The major changes can be seen on our [news page](#).

For further information on the latest coronavirus related rules, please contact us.

Related documents



Benefits check sheet - 396KB



Also on our website

[Funding and grants](#)

[Managing your money or debts](#)

Information on other websites

[Department for Work and Pensions](#)

[Independent Age benefits](#)

[Turn2us benefits calculator](#)

[Check if you can increase your income](#)

6.10 Advisory services

Public Health in Derbyshire County Council have commissioned the four Citizens Advice Offices to provide an advisory service to those either with, or at risk of developing, a long term condition. The service is based in GP practices and community outreach locations, and aims include income maximisation, sharing information on benefit entitlement and providing help with budgeting.

6.11 Disability employment support

This service is funded by Derbyshire County Council and aims to support disabled people that are unemployed. More information can be found here: [Disability employment service - Derbyshire County Council](#)

6.12 Warm hubs

Many groups across Derbyshire have set up warm hubs to provide a warm space over winter 2022/23 to support their communities through the cost of living pressures and Derbyshire County

Council have provided funding to groups to support this as well as more information on their website: [Warm spaces - Derbyshire County Council](#)

6.13 Financial Inclusion Groups

Financial Inclusion Groups have been set up to cover the 8 districts in Derbyshire and provide a forum for information sharing across partner organisations as well as encouraging a partnership towards tackling exclusion. These groups are coordinated by Derbyshire County Council Public Health.

6.14 Derbyshire Discretionary Fund

The Derbyshire Discretionary Fund can provide grants or emergency cash payments if people are in urgent need of financial help following a crisis or disaster. More information can be found here: [Derbyshire Discretionary Fund \(DDF\) - Derbyshire County Council](#)

7. Stakeholder engagement survey

A survey was developed and carried out in September/October 2022 to gather information from providers of Food Banks, Community Pantries, Community Cafes and other organisations who do not directly provide these services to understand the issues currently facing these organisations and the populations they serve. A summary is given below, the full responses can be found in Appendix 1.

Method

The questions were developed by a group of staff in public health and further improved with input from the Knowledge and Intelligence team, comms, policy, equality and diversity and other public health staff.

The survey was sent out by email to food banks, pantries and other community food projects registered with Feeding Derbyshire (over 60 groups). It was also sent out via the 8 locality networks covered by the Health and Wellbeing Partnerships to reach CVS, Citizens advice and other local groups working with people experiencing food insecurity.

There were 39 responses during the 3 week period the survey was open, which can probably be considered a good response rate, despite the difficulties estimating how many 'possible' groups could have responded, this is likely to be about 100 therefore response rate of approx. 39%.

The responses given are subjective and, in many cases, qualitative in nature rather than based on quantitative service user data (which is not generally available). These insights are valuable and provide information we wouldn't otherwise have; however the subjective nature does need to be considered.

Results

- Good representative mix of responses from food banks, community pantries, citizens advice and other organisations.
- Majority of respondents reporting demand for their service outweighing supply.
- A wide range of people are using these services including families, lone parent families, single people, unemployed and working people, unpaid carers and pregnant women.
- People from all age groups are using these services.
- A wide range of ethnic groups are using these services, however primarily white British, perhaps reflecting the local population.
- People with disabilities affecting mobility, hearing and vision are using these services.
- People with long term conditions are using these services.
- Some services reported some underrepresentation from groups including 'other ethnic group' older people, young people, disabled people, and reported issues with accessibility.
- Some possibly under- represented groups were identified, including for example Asian British, 'other' ethnic group (perhaps misinterpreted as an alternative to 'BME'), African Caribbean, the elderly and people with a disability affecting hearing.
- Other responses defended the availability of a service that was open to everyone with no discrimination. This is again perhaps a misunderstanding, as even if a service is open to

everybody, it may not be accessed by everybody, because of various barriers, either perceived or otherwise.

- High numbers of respondents reported supporting people with a wide range of issues other than food, the most common was cost of living pressures followed by benefits issues, energy costs housing and employment issues. Healthy eating advice was only picked by about half of the respondents.
- All but two of the respondents said that there had either been large or a small increase in demand for their service in the last 12 months. This was further illustrated in some detail in the free text responses for example 'We have increased from helping 100 families to 300 families since January 2022'
- There was good awareness of the Feeding Derbyshire network (although perhaps some further promotion work to do with partners) and high value placed in functions such as the newsletter and comments such as 'thank you for your continued support'
- There were extensive further free text comments about level of need, including:

We are told by people that come "Didn't know you were here" We know if we advertised in our community we would see a greater increase in numbers but, But.... we have not got the resources to support a large increase in people needing our services. We now receive far less in donations from supermarkets, NHS, people in the community and monetary funding is far smaller. Every week we have to buy far more food than we have ever done and we cannot afford to increase the numbers of people that use us because we will run out of money and not be able to support anyone. We are in an awful position. We set this group up to help people and now we are struggling to do that and to help more people.

Example case study:

I was working as a registered nurse and due to unforeseen circumstances, I was unable to work and left with no income. Having never been in this situation, without food or money to buy food, I googled foodbanks and attend Freedom Community Project at the Bolsover Methodist Church. I was warmly welcomed with tea and toast; I was so low that even being offered jam on my toast made me tear up.

A Support Worker helped me with a listening ear and provided me with a food parcel. I was referred to an amazing Counsellor who volunteers for Freedom. I have now successfully completed my counselling journey and have secured future employment. I recently attended the new centre at Hillstown Methodist Church, being warmly welcomed once again with tea and biscuits. Here, I was made aware of the Food Pantry, Stepping Stone, which has recently opened. I firmly believe in Karma, what goes around, goes around ... I donated £5 to Stepping Stone to provide the next Food Pantry customer with a free shop.

It is worth noting again at this point that comments are subjective rather than based on detailed service user data and do not represent the opinions of Derbyshire County Council.

8. National guidance and best practice

To support this Health Needs Assessment, the Knowledge and Intelligence team within Derbyshire County Council public health department carried out a literature search and evidence summary, which focussed on giving an account of the types of intervention currently available to address food insecurity and to summarise the effectiveness of those interventions. The full report including the search strategy is available [here](#) on the Derbyshire Observatory, and a summary of the findings is given below.²⁶

This section will focus on published literature and online case studies rather than the services available in Derbyshire including the feeding Derbyshire network and associated activities, which are covered earlier in this report.

Strategies to help people in this situation have traditionally involved emergency food parcels and “soup kitchens” usually supported by religious groups and donations. From the beginning of the 21st century food banks, a place where food is given to people who do not have enough money to buy it, have become increasingly more widespread across the UK. Use of food banks has resulted in recipients feeling ashamed and stigmatised by their community. The approach to food insecurity is now changing with the Trussell Trust exploring ways to reduce and remove the need for food banks within society by signposting users to access ways to improve their situation and encouraging volunteering to provide valuable work experience²⁷. Communities are encouraged to establish social initiatives where individuals can contribute and have ownership of the solution, i.e., Community Cafés, Pantries and Gardens. Business initiatives to reduce food waste from supermarkets, food manufacturing and restaurants provide food supplies to food banks and cafes without requiring donations from a population who cannot afford to give. Government initiatives such as free school meals for households on very low incomes, Sure Start vouchers and holiday clubs with meals provide help to families enduring poverty.

Key Findings:

The main headline findings from the evidence summary are summarised below, and then covered in more detail afterwards.

Food banks:

- Used by people of all ages experiencing financial difficulties.
- Provide short-term immediate help, but do not address the causes of food insecurity.
- Stigma and exclusion associated.

Holiday and Activity Clubs:

²⁶ https://observatory.derbyshire.gov.uk/wp-content/uploads/reports/documents/health/specialist_reports_and_assessments/2022/Evidence_Summary_Food_Insecurity.pdf

²⁷ Trussell Trust, 2021. Research and Advocacy – The Causes of Food Bank Use. [Online]
Available at: <https://www.trusselltrust.org/what-we-do/research-advocacy/> [Accessed 05 July 2022].

- Children living in food insecure households disproportionately benefit, with less associated stigma.
- Mainly benefit from the social interactions around food, rather than receiving a healthy meal.

Breakfast clubs:

- Provide a healthy and varied breakfast and creates opportunities for social interactions.
- Some children are excluded from attending due to cost.

Vouchers:

- Healthy Start vouchers are used to increase consumption of fruit and vegetables if the individual values nutrition.
- Free school meal distribution is more effective than school food voucher programmes, with minimal stigmatisation attached.
- Fruit and vegetable voucher scheme gained a high level of acceptance

Community initiatives:

- Charity run food pantries provide an important supply of food. However, accessibility is often an issue.
- Community gardens provide individuals with a purpose.
- Community initiatives, such as cookery classes help to re-engage individuals with food and cooking.

Detailed findings

This section summarises the literature relating to different types of interventions to address food insecurity, identified by using the methodology outlined in the main separate report.

Food Banks

Evidence suggests that operational characteristics are an important part of access to food banks, with lower opening hours resulting in a lower volume of usage. One of the main drivers for using food banks is disruption to income from social security benefits, as well as chronic low income, debt, those experiencing severe financial shock, unemployment, and disability.

Food banks provide social contact and support to users, as well as providing food, toiletries and sometimes fuel. The food provided is usually not ideal and lacks a range of food that allows people to make choices and form a balanced diet. An informal and flexible approach within food banks compared to welfare offices allows a more personal approach and for support to be tailored to individuals' needs. Those offering advice and counselling as additional resources help to reduce local food insecurity.

Food banks are used by people of all ages experiencing financial difficulties, but also play a role in the provision of care to children generally, but particularly where childhood deprivation is high. Moreover, a study of older people using food banks showed that they were almost entirely reliant on emergency food, often lived alone and were on low incomes. However, there appears to be a forgotten care gap in the UK where a substantial number of older people are living in food insecurity and experience issues when accessing food aid.

There is a consensus that food banks provide a short-term immediate response to food insecurity and help to treat the consequences of food insecurity, but do not address the causes or affect long-term improvement. Furthermore, food parcels are hugely valued, but receiving food aid is a last resort with a considerable amount of embarrassment, stigma and exclusion associated with using food banks. Resulting in users being apprehensive and ashamed to be accessing food banks, with more reluctance reported in rural areas.

Holiday Clubs

Free food for holiday clubs is procured from a variety of sources including, weekly food donations, local stores and wholesalers, local restaurants, and by utilising local catering colleges, community food growing organisations etc., but there are often resource constraints. There is vast variation in holiday club provision in terms of operating hours, staffing, costs, and costs to the child.

A large proportion of children attending holiday clubs live in food insecure households and households that also face frequent episodes of hunger. Therefore, children living in these circumstances disproportionately benefit from holiday clubs, compared to those from food secure households. Although children attending holiday clubs appear to be aware of poverty and food insecurity, there is less stigmatisation associated with attending the clubs.

The benefits of attending holiday clubs are centred more around the opportunities created to experience social interactions around food, enhance food experiences and food confidence, learn new skills, gain confidence, and promote positive behaviour, rather than receiving a healthy meal. Furthermore, holiday clubs help with childcare costs and family budgets. However, meals at holiday clubs aren't always healthy and consist more of snack-style meals. Meals aimed to meet school dinner nutritional standards, but this was sometimes limited by food availability.

Furthermore, evidence suggests that parents/carers in food insecure households restrict food intake and change shopping habits when school holidays are approaching in an attempt to make food last longer. This suggests that children's exposure to periods of food insecurity and sub-optimal nutrition is not restricted to school holidays.

Some studies conclude that it is unknown whether holiday clubs can positively impact children's wellbeing and healthy eating, whilst others suggest that holiday clubs appear to be helping reduce the problems associated with children living in food insecure households during summer holidays.

Breakfast Clubs

Breakfast clubs provide a healthy and varied breakfast that offers more options and more nutritious food than that available at family's homes. Children and adults are encouraged to socially interact with others at breakfast clubs which strengthens existing social networks and creates stronger community bonds. Families report that attending breakfast clubs creates a routine in school holidays which makes it easier to return to school routines. Additionally, families are able to access or are

made aware of other community and healthcare facilities during club sessions. However, some children are excluded from attending the clubs due to cost.

Vouchers

The use of Healthy Start vouchers depends on the individual and their values regarding nutrition. Studies suggest that if the pregnant woman values healthy eating, then the vouchers are used to increase their consumption of fruit and vegetables, which results in nutritional benefits. Alternatively, vouchers are used to make other purchases or simply to reduce the cost of the usual fruit and vegetable shop, resulting in no nutritional gain.

The uptake of Healthy Start vouchers increases when there is an understanding of the redemption process and when a welfare rights advisor is appointed. This staff member also makes pregnant women aware of other benefits available, which results in these being successfully claimed. Midwives often do not have the capacity to aid with completing forms, however, welfare officers present in the same location also help with this. An issue with the usage of Healthy Start vouchers concerns the disempowerment of women when vouchers are used by a different person.

Free school meal distribution is considered to be much more effective than school food voucher programmes, both in reducing food insecurity and promoting healthy eating. The participation of all students receiving free school meals minimised social stigmatisation, whereas children felt embarrassed to collect vouchers. Overall, free school meals help to alleviate child food insecurity and provide control over the nutritional content of meals given to children. Whereas school food vouchers help to manage family household budgets but do not encourage healthy eating unless parents are already conscious of nutritional requirements.

Evidence suggests that the fruit and vegetable voucher scheme gained a high level of acceptance, with the majority of eligible households joining the scheme and spending their vouchers. Local councillors and public health are supportive of this scheme. Households reported that the scheme made them more aware and conscious about healthy food choices and resulted in them eating more fruit and vegetables. However, more research is needed to assess the impact on diets accurately.

Community Initiatives – pantries, gardens, cafes

For people experiencing food insecurity, charity run food pantries provide an important supply of adequate food. However, there are many issues concerning the accessibility of pantries, both in terms of opening hours and the availability of food. Pantries are often not reliably open during their stated opening hours, along with an insufficient quantity and quality of food. Management of food supplies is often poor with regulations that are arbitrarily applied and broken. These issues result in pantries being difficult to access and a challenge for new or inexperienced users.

Community gardens have been reported to positively impact visitors by providing individuals with a purpose. They allow individuals to take ownership and maintain respect much more than the concept of food banks. Furthermore, they improve the diet of those accessing them, and facilitate access to community involvement and help and support to those who would otherwise not access it through a more formal approach.

Self-organised food-based community initiatives such as crafting, and snack building links to reducing reliance on the NHS to provide social interaction. Self-organising is considered to be more than a free time activity but is a valuable asset for building resilience and social sustainability. Family based activities such as picnics in local parks allow parents and children to reclaim spaces that are usually unused due to feeling unsafe. Community projects that provide advice and education have developed to also act as food banks.

Community initiatives such as cookery classes have had positive impacts on participants by re-engaging them with food and cooking. The classes further benefited participants from them gaining a sense of empowerment by increasing confidence and improving skills when cooking food, sharing the social experience, and also sharing food with family and friends at home. This activity also helped to reduce feelings of social isolation and provided an opportunity to connect with wider society in a positive way. However, tackling food insecurity needs to go beyond this type of initiative.

Key UK Reports

Commissioned Reports (government)

The 'Family Resources Survey' (DWP) and the 'Food and You 2 Survey' (FSA) are described earlier in this report, under 'Section 3, National prevalence'

Commissioned Reports (UK charities)

3.2.1 Joseph Rowntree Foundation

The Joseph Rowntree Foundation is an independent social change organisation working to reduce UK poverty. In January 2022 the foundation produced a report "The essential guide to understanding poverty in the UK". Though the statistics focused on poverty relevant to food insecurity. Poverty is defined as a person's lack of ability to afford what they need and to participate in activities routinely undertaken by others in society.

Key findings

22% of the UK population (14.5 million people) are in poverty, this can be broken down into 8.1 million working age adults, 4.3 million children and 2.1 million pensioners.

3.2.2 Trussell Trust

The Trussell Trust supports a nationwide network of food banks, providing emergency food and support to people locked in poverty. The Trust also campaigns for change to end the need for food banks in the UK. In May 2021, the Trussell Trust published a second report building on previous evidence: State of Hunger, building the evidence on poverty, destitution, and food insecurity in the UK². This report details the increased use of food banks, the reasons for use, groups particularly at risk and the underlying drivers of food bank need. The report was researched and written by academics from Heriot Watt University, Edinburgh and funded by Asda supermarkets. It is a comprehensively researched and informative report covering all aspects of food banks.

The Trussell Trust State of Hunger research programme uses the adult version of the Household Food Security Survey Module (HFSSM) to measure the level of food insecurity in the household. HFSSM is a validated, commonly used tool in research on household food insecurity in Western countries⁹. The version of HFSSM used in State of Hunger surveys asked about food insecurity on the 'past 12 months' basis.

Three levels of household food insecurity were derived: severe food insecurity (HFSSM score 6-10), moderate food insecurity (score 3-5), and marginal food insecurity (score 1-2). To be classified as severely food insecure, i.e., to score at least six points on HFSSM, one needed to be hungry due to lack of money or skip meals/cut portion sizes more than occasionally. In relation to this scale, in this study hunger is understood as 'household food insecurity' as measured by the severe or moderate household food insecurity categories.

Key findings

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.

Destitution is the condition of people who cannot afford to buy the absolute essentials that we all

Increased food bank use results from unmet needs, not a growth in the number of food banks.

In 2019/20 700,000 households (2.5%) used a food bank.

At the start of the first lockdown (March – June 2020) food parcel need spiked by 85% in the Trussell Trust network and 126% in the independent food aid network.

Reasons for Food bank use:

- Extreme low income
- Destitution
- House payments (allowance not sufficient to cover cost, bedroom tax)

Groups particularly at risk:

- Young people – tend to have high levels of food insecurity but not referred to food banks.
- Children - 49% increase in support to households with children between 2018/19 and 2019/20. Particularly larger families where the two child limit to child benefit applies and other benefit caps.
- Those with no-recourse to public funds – i.e., migrants.
- Those with ill-health and disability - 7 out of 10 households referred have someone with ill health or a disability. Four times the rate of the general population. 62% of working age people referred to food banks in early 2020 had a disability as defined by the Equality Act 2010.

The underlying drivers for food bank use can be classified as compounded financial strain due to adverse life events, ill health, and insufficient or interrupted income from the welfare safety net.

Additionally, food bank users have a lack of formal or informal support networks such as family or friends or more formalised social care.

Interventions not reviewed in literature

3.3.1 Scotland

Public Health Scotland has a subdivision responsible for food and health. Community Food and Health (Scotland), CFHS, aims to ensure that everyone in Scotland has the opportunity, ability, and confidence to access a healthy and acceptable diet for themselves, their families, and their communities 10. They work within low-income communities to address health inequalities and barriers (availability, affordability, skills, and culture) to healthy and affordable food. Communities are supported to identify these barriers, develop local responses to address them and identify where other involvement or actions are required. Though the evidence based reviews of these projects is sparse, there are studies outlined below, on the Community Food and Health website: <https://www.communityfoodandhealth.org.uk/community-based-activity/case-studies/>.

There are case studies describing community cafes and retailing; community development, community gardening, cookery skills, working with asylum seekers, youth, and disabled populations.

3.3.2 Wales

The Welsh government are developing a Community Food Strategy and are in the consultation phase with interested populations 11.

Food Sense Wales is an organisation working to create a food system for Wales that's good for people and the planet. It co-produces a variety of projects including:

- Sustainable Food Places: (previously Sustainable Food Cities) is one of the UK's fastest-growing social movements. Its network brings together pioneering food partnerships from towns, cities, boroughs, districts, and counties across the UK that are driving innovation and best practice on all aspects of healthy and sustainable food. Food Sense Wales is Sustainable Food Place's national partner in Wales and has an ambition to see a food partnership in every local authority in Wales, creating a network that would form the foundation for developing the vision, infrastructure and action needed to make Wales's food system fit for Future Generations. Scotland and Northern Ireland are also working with Sustainable Food Places. <https://www.sustainablefoodplaces.org/>

3.3.3 Other Charity Interventions

- Children's Right 2 Food: Is a project created across the UK by the Food foundation, supported by Dame Emma Thompson and Marcus Rashford. It is campaigning for:
 - a. A new Children's Right2 Food commission to monitor and improve children's food.
 - b. A nutritious start in life for every child, including expanding the health start scheme.
 - c. Free school meals for all children.

- d. Stop the stigma, take steps to ensure no child is humiliated by hunger.
- e. Put health before profits, businesses and government must help to make the healthiest options the easiest to choose.

<https://foodfoundation.org.uk/initiatives/childrens-right2food>

- Food Power: this project ran from 2017 – 2021 and worked with local communities across the UK to strengthen their ability to reduce food poverty and tackle its root causes. Food Sense Wales worked with Sustain and Church Action on Poverty as part of a successful bid to develop solutions to food poverty through local alliances and people powered change. Examples of solutions were community pantries, increase awareness and uptake of health start vouchers, and training community volunteers to cook and deliver nutritious meals to vulnerable families.

<https://www.foodsensewales.org.uk/good-food-movement/food-power/>

9. Summary of Findings

- There has been a massive increase in need for services particularly since the cost of living pressures, alongside a drop in donations and volunteers.
- Need varies by demographic group, with the following groups at particular risk:
 - Head of household 16-24
 - Non-white ethnic groups
 - Low income
 - People with disabilities
 - People on Universal Credit
 - People with long term conditions
 - Low educational attainment
 - Rural communities or those living in ‘food deserts’
- Those at risk of food insecurity may become at greater risk of obesity and other health issues.
- There has been very high take up of community pantries in Derbyshire so far which support a step down from food banks and can work well with advisory services. Evidence supports this approach for removing stigma.
- Services in Derbyshire supporting those experiencing food insecurity are under considerable pressure from the current increased demand, increased fuel and other bills, and reduced donations and availability of volunteers.
- There is also good evidence for encouraging take up free school meals and healthy start vouchers, as well as the holiday activities and food programme (HAF).

10. Recommendations

- Consider extending the capacity of the Feeding Derbyshire network and support for associated activities due to the increased demand (evidenced by national data of increase in food insecurity, inflation increasing, and stakeholder survey with providers talking about reduced donations, increased bills (food and energy), and less volunteers available).
- Explore options to meet the short term need for additional support for food banks to cover food and energy.
- Consider how best to meet the need for wrap around support (advice services) in food banks.
- Expand and continue support for community pantries (evidenced by literature search showing benefit of pantries for reducing stigma, providing a step down from using food banks in crisis, local data showing enormous take up and unmet need)
- Continue current partnership approach to encouraging take up of Free Schools and Healthy Start and consider what else could be done to increase this activity.

Appendix 1: Full responses to stakeholder engagement survey

Q1. There was a good, representative spread of responses across food banks, community pantries, citizens advice and other groups. The response from pantries was particularly positive as this is the majority of them.

1. Which of the following services do you support in either a paid or voluntary basis? Please select all that apply.

[More Details](#)

Food Bank	15
Community Pantry	7
Community Cafe	2
Citizens Advice	4
Other	11

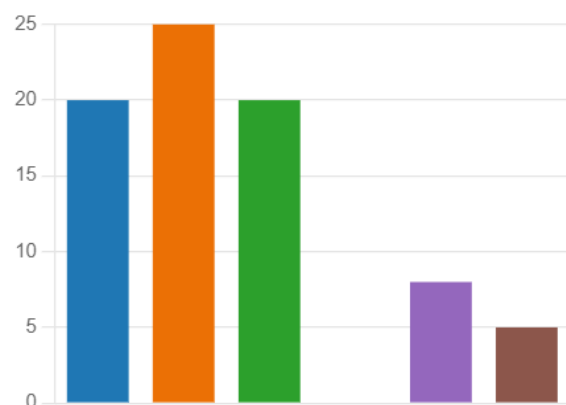


Q2. The most popular issue currently being faced was 'demand for your service outweighing supply' with 25 of the 39 respondents choosing this option, followed by 'finding and retaining staff/volunteers' and 'financial concerns'

2. Is your service currently facing any of the following issues? Please select all that apply.

[More Details](#)

Finding and retaining staff and/...	20
Demand for your service outwei...	25
Financial concerns	20
Public trust or confidence in you...	0
Awareness of your service, or pr...	8
Other	5

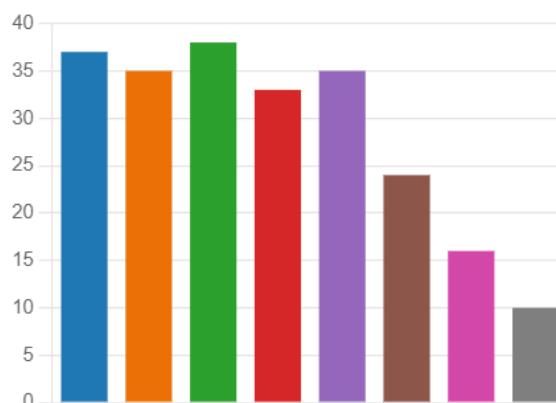


Q3. There was a broad range of groups identified as using respondents services including families, single people, working people and unemployed. Most respondents ticked most options, which also included unpaid carers and pregnant women.

3. What groups of people are regularly using your service? Please select all that apply.

[More Details](#)

● Families	37
● Lone parent families	35
● Single people	38
● Working people	33
● Unemployed people	35
● Unpaid Carers	24
● Pregnant women	16
● Other	10



Q4. There were a broad range of ages of people reported by respondents as using their services, with most respondents picking most options.

4. What are the ages of people regularly using your service? Please select all that apply.

[More Details](#)

● Under 30	31
● 31 to 40	33
● 41 to 50	32
● 51 to 60	31
● 60 and over	36

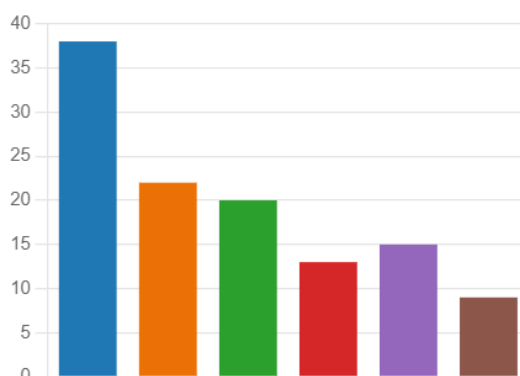


Q5. Nearly all respondents responded that people belonging to White British ethnic groups were using regularly using their services, with fewer respondents picking options for the other ethnic groups. This likely reflects the high % of the population that are white British in most Derbyshire areas. Some additional insight was captured in the free text question, Question 8.

5. Which of the following ethnic groups regularly use your service (as far as you are aware)? Please select all that apply.

[More Details](#)

White English, Welsh, Scottish, ...	38
Other White background	22
Mixed or Multiple ethnic groups	20
Asian or Asian British	13
Black, Black British, Black Caribb...	15
Other Ethnic group	9



Q6. High numbers of respondents responded that people with a range of disabilities were using their services, disability affecting mobility was the most commonly picked.

6. A disabled person is someone who has a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities. Are people with any of the following types of disability regularly using your services? Please select all that apply.

[More Details](#)

Disability affecting mobility	35
Disability affecting hearing	21
Disability affecting vision	22
A learning disability	27
Other	7

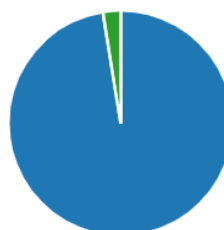


Q7. 38 of the 39 respondents identified that people with long term conditions were using their services, with only 1 that answered 'don't know'.

7. A long-term condition is one that generally lasts a year or longer and impacts on a person's life. Examples include arthritis, asthma, cancer, dementia, diabetes, heart disease, mental health conditions and stroke. Long-term conditions may also be known as 'chronic conditions'. Do people with one or more long term conditions regularly use your services?

[More Details](#)

Yes	38
No	0
Don't know	1



Q8. This free text question elicited some interesting responses, reproduced in full below. Some possibly underrepresented groups were identified, including for example Asian British, 'other' ethnic group (perhaps misinterpreted as an alternative to 'BME'), African Caribbean, the elderly and people with a disability affecting hearing. Other responses defended the availability of a service, to everyone with no discrimination. This is again perhaps a misunderstanding, as even if a service is open to everybody, it may not be accessed by everybody, because of various barriers, either perceived or otherwise. Worth noting again at this point that comments are subjective rather than based on detailed service user data and do not represent the opinions of Derbyshire County Council.

8. Have you noticed any specific groups who are NOT regularly using your service? e.g. 'other white background' ethnic group

[More Details](#)  Insights

39
Responses

Latest Responses
"No"
"Not at this time. Some underrepresentation of younger people but we are t..."
"NO"

Responses

N/A
I have observed we receive less introductions for people of asian/asian british ethnic groups
No
No
n/a
no
Not noticed
Yes we do not see groups from other ethnic back grounds
Working people
African & Caribbean people were using the service when it was free but stopped when we charged a subsidised rate.
no
.
The elderly, we have some members who are elderly but not as many as we belive need support

Other ethnic groups. there are very few in Chapel en le Frith.
other ethnic groups, OAPs
Other white background, deaf people
Displaced refugees, people in recovery,
none we are aware of.
no
We do not discriminate in any way we supply to all irrespective of religion, gender, ethnic group. AS A CONSEQUENCE WE ARE "BLIND" TO ANY SPECIFIC!!!!!!!
Elderly, veterans, people who need support but aren't on benefits.
no
Not many young people (under 25)
We see less pension aged clients.
Anyone from a minority ethnic group.
We are still seeing less pensioners than we'd expect but they are coming more often than in the past.
We have a variety of different people using our services

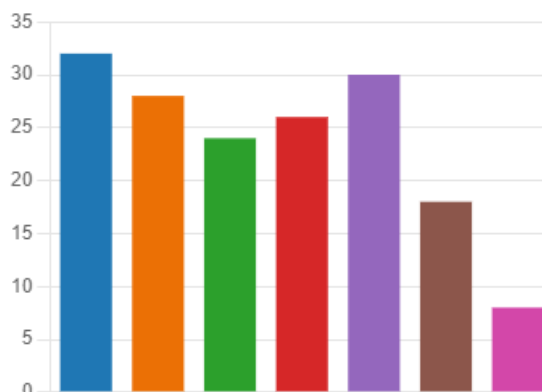
Mixed race and other ethnic backgrounds
No
no
No
No
No
99% white British in the locality hence very few other ethnic groups
Unsure how to answer
Elderl
NO
Not at this time. Some underrepresentation of younger people but we are taking steps to address that.
No

Q9. High numbers of respondents reported supporting people with a wide range of issues other than food, the most common was cost of living pressures followed by benefits issues, energy costs housing and employment issues. Healthy eating advice was only picked by about half of the respondents.

9. Do you help people with any of the following issues? Please select all that apply.

[More Details](#)

● Cost of living pressures	32
● Energy costs	28
● Employment issues	24
● Housing issues	26
● Benefits issues	30
● Healthy eating advice	18
● Other	8



Q10. All but two of the respondents said that there had either been large or a small increase in demand for their service in the last 12 months.

10. Have you seen a change in the last 12 months in the level of demand for your service?

[More Details](#)

● Small increase	9
● Large increase	28
● Stayed the same	1
● Small decrease	1
● Large decrease	0



Q11. This free text question asking about any changes in demand was also interesting. Many useful figures were provided for example a service that has moved from supporting 100 to 300 families since January 2022. The responses are provided in full below.

11. Please add any more detail about any change in demand for your service in the last 12 months, for example the number of extra or fewer families you are supporting compared to last year, or the percentage change in demand, if known. General comments describing any change are also welcome.

[More Details](#)

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Responses

Latest Responses

"No change as yet but we feel that demand will increase due to the current ...
 "1 in 5 people approaching us now need emergency intervention because th...
 "There has been a steady increase throughout the year, particularly gaining ...

We have increased from helping 100 families to 300 families since January 2022
We have had an increase in the amount of people requiring support and that there are less services out there to help them
Prior to C-19 we were distributing on average 350 parcels a year. During the pandemic this rose to 1300 a year and in 2022 to date we have given out almost 1400 food parcels and are seeing steady rise week on week with low income and cost of living as the two main reasons given for referral.
We no longer run our own foodbank due to difficulties managing it since return to work post lockdown. We still offer a service via the Storehouse but we pay for every referral. We also occasionally do an online shop for residents in urgent need and on days Storwhouse is closed. They open Wed, Thurs, Fri, Sat.
percentage increase unknown. We are receiving more calls to Citizens Advice Adviceline, and there is greater pressure on our appointments - telephone and face to face - fewer available
Our demographic fluctuates between older households and families. Some people only use the service for a short period, others are long term recipients. Referral tends to be by word of mouth. The amount of food to distribute varies a lot so it is sometimes difficult to feed everybody.
We are supporting 10 more families than last year and on average see at least 1 new referral each week
More referrals with no electric or homeless
We are getting more calls and emails from people who are struggling. But we have no funding and therefore cannot give free meals to them. Our meals are £5 for a main course and delivered at £6.50.
More employed people are accessing our service & those who are struggling to pay mortgage costs
.
As people discover our pantry shop exists our numbers increase, we are getting referrals in from many different services. Including adult social care, NHS staff and information service CAB, DUWC, law Centre, police, occupational health etc. We have an issue with obtaining donations of tinned and dried goods and bread donations are hit and miss from week to week. We are also in need of toiletries. People don't see them as an essential item
We started a group for elderly isolated people this year, which is slowly growing in number.
Much higher demands at school holiday times this year. We are also seeing more clients who are in employment seeking help. Our current level of demand is 100% higher than this time last year. We have also noticed a small decline in the amount of donated food.

We are finding that clients who were able to manage their income and expenditure, including working people, are now struggling financially - energy costs is a rising trend in our advice

We have demand for an additional day of community lunch. We also have had to reduce the number of times we deliver food bags due to increased fuel costs and reduced funding. To alleviate this we have extended our pantry days but we are finding that the uptake isn't there as people are not able to get here. We have however extended our food hub work in Nottingham as we received specific funding for this and we have seen a massive take up of hubs in the Bassetlaw area. We are now assisting in the region of 500 families per week.

The Trust Food Bank operates 7 days a week from 8am to 8pm. However, the offices are staffed 24-7 so no individual or family in dire need would ever be left without help and support. Throughout the pandemic the Trust remained fully operational and accessible at all times. It was during the pandemic that the increase in demand started to grow and this has continued since that time and remains especially now with the cost of living crisis. The Trust does not 'simply' provide food aid, toiletries and hygiene packs but proactively engages with all who seek help looking to address the underlining issues (rent arrears, debts, problems with benefits, unemployment etc).

contact me

Since April numbers have doubled. Currently increasing by 6+ per week.

we have had a 60 per cent increase in food bank

More working people who are struggle to make ends meet

More frequent request for a food parcel by families, Families explain that they are unable to buy food items such as spices, stock cubes in order to make soups/stews to feed their family. Those items were never requested before. Families are struggling to afford dairy items and healthier food items such as fruit and vegetables.
People are expressing distress and concern about paying for their food and other utilities. We are supporting people by shopping on their behalf (sometimes paying for supplies) and/or pointing them to foodbanks or other shopping facilities. People who previously accessing frozen meal provision are now stating they cannot afford these convenient delivery services and cannot afford delivery charges. This is difficult as these clients are unable to complete their own shopping or are unable to prepare certain less convenient meals due to their health complaints.
We gather our data on financial years and expect this month to surpass last years total fed. We have seen more large households than in the past over the last year but during July and August saw an increase again in adult only households.
We have seen a large increase in all people using our services. It is mainly through our Walk-in service we have seen the largest increase. People are generally struggling to pay their bills and to put food on the table for themselves or for their family. People are so grateful we are there to help them.
More demand especially for food banks, struggling to keep up to demand. More working people struggling and quite often those using the pantry still need a food parcel as well.
Demand is increasing weekly and we have been warned by Trussell Trust to expect a further surge from this month
We were able to utilise volunteers last year to deliver food using people that were furloughed. This isn't the case now, so struggle to share out food to those that are isolated or vulnerable and can't get to our Community Fridge.
34% rise in demand. 31% rise in families with children accessing the foodbank. Rise similar to the previous year. Expecting larger spikes through the winter
Both working and non-working people are now accessing our services.
Foodbank usage appears to have trailed off after Covid however there are still a number of users who access this service along with new referrals. Large increase in the number of people who access the benefit advisor on a weekly basis.
N/A
There has been a steady increase throughout the year, particularly gaining momentum with the price of fuel and food increasing


1 in 5 people approaching us now need emergency intervention because they have no food, no money or are unable to pay for energy (Foodbank referral/Derbyshire Discretionary Fund/energy vouchers). Enquiries about energy issues have risen by 200%, comparing Q2 statistics from 2021 to 2022 Enquiries about securing crisis cash from DDF have risen by 78%, comparing Q2 statistics from 2021 to 2022 Enquiries about foodbank referrals have risen by 20% from an exceptionally very high starting point. Also, over the last 12 months: General increase in demand for advice 10% Increase in debt enquiries 25% Increase in water and energy debt enquiries 32% Increase in council tax debt enquiries 28% Significant problems are caused by deductions from benefits for debt and historic benefit overpayments. 87% of people who ask us for advice have an income below £1500 per month. We provide advice in some Foodbanks, the average income of people seeking advice is only £800 p/month, with many people on basic Universal Credit £340 p/month.

No change as yet but we feel that demand will increase due to the current economic situation

Q12. This free text question asked for case studies which are provided in full below. There have been no additional case studies provided by email.

12. If you have any case studies to illustrate the level of current need, please add in here. If you prefer, these would be gratefully received by email to louise.noon@derbyshire.gov.uk
Please anonymise any personal details. We would like to use these in the report, so by submitting these we assume you are happy for us to do so. Thanks

[More Details](#)

 Insights

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Responses

Latest Responses

"No case studies available "

"Will email "

"Gentleman has been struggling this is due to mental health issues making ...

Our case numbers are slightly down as we cannot massively promote without funding

Since lockdown we have seen a number of relationship break-ups and single parents having to find accommodation, furniture etc. Trying to do that and feed children too is almost impossible for some of our clients, some of whom are going without food to feed their children.

(Mary is a fictitious name) Background: Mary attended as she states she is struggling with her energy bills; her latest bill was £190 for the month which she pays by Direct Debit for both gas and electric. Mary is in receipt of state pension of £203pw, private pension £30pw, 25% Council Tax Reduction, and housing benefit £347 pcm. She lives in a 2 bed council flat and pay £450 pcm rent. Mary has some health issues. She has a small amount of savings of less than £1,000 and no debts currently. How did we help? The following options were discussed with Mary: • Winter Fuel Payment – Mary already receives this payment plus a free bus pass and free prescriptions. • Council Tax rebate - Mary has already received the information stating she is eligible for the CT rebate but is not sure when she will get this • Checked to see if there were any grants available for the client; unfortunately, it would appear there are no local grants in her area. • Suggested Mary might consider contacting her energy provider to see if there was any additional help they could provide. • Offered to discuss and send Mary details with regards to energy saving tips but she declined • Discussed the option of the Mary contacting her Council to discuss the additional payment she is making due to having a spare room; as she is over state pension age the so called 'bedroom tax' shouldn't be applied • Discussed the option of applying for Attendance Allowance and gave Mary the contact details to do this Outcomes achieved for the client: Mary felt confident to contact her energy supplier and also her landlord (Council) to check her housing benefit entitlement. Mary will contact the DWP for an Attendance Allowance application and make an appointment with us to complete this. • Housing Benefit increase of £46pcm

We are getting schools and groups asking us to set up affordable food hubs in Derbyshire but we have no funding to get this started. Once they are set up they are sustainable.

a family using the food bank have now joined the pantry at salcare which has gave them choices of food on a low income

Our walk-in service has been quite for most of the time we have been running. The last 4 months has seen numbers going from 5-7 on a Wednesday to 15-20 and Fridays was our quiet day with only 1 or 2 people coming. We have currently around 5-7 now.


I was working as a registered nurse and due to unforeseen circumstances, I was unable to work and left with no income. Having never been in this situation, without food or money to buy food, I googled foodbanks and attend Freedom Community Project at the Bolsover Methodist Church. I was warmly welcomed with tea and toast, I was so low that even being offered jam on my toast made me tear up. A Support Worker helped me with a listening ear and provided me with a food parcel. I was referred to an amazing Counsellor who volunteers for Freedom. I have now successfully completed my counselling journey and have secured future employment. I recently attended the new centre at Hillstown Methodist Church, being warmly welcomed once again with tea and biscuits. Here, I was made aware of the Food Pantry, Stepping Stone, which has recently opened. I firmly believe in Karma, what goes around, goes around ... I donated £5 to Stepping Stone to provide the next Food Pantry customer with a free shop.

Gentleman has been struggling this is due to mental health issues making him very vulnerable. He has debt and is being supported now by other agencies.

Q13. This free text question asked for any additional comments which were wide ranging and reproduced in full below. Some issues around accessibility, communication, food supply and energy needs were raised.

13. If there are any other comments you wish to make, please use the box below.

[More Details](#)

 Insights

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Responses

Latest Responses

"Several local supermarkets provide fresh fruit, vegetables & bread and we a...

"Extremely concerned about the levels of need we are seeing."

"Growing number of referrals due to mental health issues and the rising cost..."

The fresh food waste from the Co-op is a scheme which we believe should be compulsory for all supermarkets to be part of as it is in France. It would reduce waste and benefit more people instead of good food being incinerated.

Communication is key to ensuring food provision can continue and help as many people as possible. This is growing in strength each week. We are grateful of this. Also being able to provide other services within the pantry shop is so vital.

We are only involved in a small way in donating our produce to our volunteers and groups who use the garden, because our main aim is to support peoples wellbeing rather than growing a lot of crops. We would like to have better links with our local food bank but have been unsuccessful in our efforts to work with them. The food bank is too far out of town for people to access it easily.

The Trust is projecting a further increase in need throughout this winter as the increased cost of gas and electric impact so many more households. Plans are in place to provide additional support at Christmas

we have an affordable food scheme and are really struggling with the deliveries we get from Fareshare. They are very unreliable and we might shut as they are now telling us they don't have enough food.

This week, I have been contacted by two new communities that wish to set a food pantry up.

We are finding it hard to be able offer people support with fuel top ups/payment management and that is a big area of need we are seeing. We use all options available, but really miss the fuel for food project that was supplied by MEA as it was quick and easy plus helped people to improve their energy efficiency at home too.

We are told by people that come "Didn't know you were here" We know if we advertised in our community we would see a greater increase in numbers but, But.... we have not got the resources to support a large increase in people needing our services. We now receive far less in donations from supermarkets, NHS, people in the community and monetary funding is far smaller. Every week we have to buy far more food than we have ever done and we cannot afford to increase the numbers of people that use us because we will run out of money and not be able to support anyone. We are in an awful position. We set this group up to help people and now we are struggling to do that and to help more people.

Finding long term sources of funding and support is a real issue, this is even more the case when some of local 'support' such as 1538 in ironville utilise resources from the local area but don't share to the full community.

We use referral agencies across all sectors of the community, who refer clients in financial crisis who cannot afford to buy food via a voucher system, the agency also provides support to the client, we have 100+ agencies a few examples are local schools, GP surgeries, Citizens Advice, Domestic abuse charities, addiction charities, housing associations, local authorities. The job centre complete a claimant information form which we act upon.

Everyone is struggling, not just those on low incomes. We invite everyone to use our Community Fridge as the focus is reducing the amount of food that goes to landfill, not just tackling poverty.

Things are extremely difficult for community groups, especially ones like ours who have rent and energy bills to contend with. People forget that businesses also have an increase in overheads!

Growing number of referrals due to mental health issues and the rising cost of living which is causing a vicious circle.

Extremely concerned about the levels of need we are seeing.

Several local supermarkets provide fresh fruit, vegetables & bread and we are quite concerned about whether this will continue due to them looking at their own supply chains to make savings.

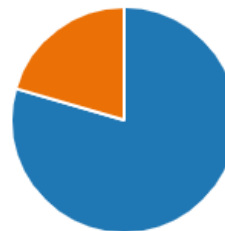
Q14. There was high awareness of the Feeding Derbyshire with 31 of the 39 respondents aware of it. There is perhaps more promotion that could be done, through the Health and Wellbeing Partnerships across the county to further increase awareness.

14. Feeding Derbyshire is a countywide partnership aimed at finding sustainable solutions to help feed people who are struggling with low incomes and debt. It also aims to improve accessibility to good quality, affordable food and reduce the negative impact of hunger by ensuring projects and initiatives are inclusive and reach the most vulnerable people in the county.

Are you aware of the Feeding Derbyshire network?

[More Details](#)

[Insights](#)



Q15. Out of those that had heard of the network, the majority (25 out of 31) were members. Again, there is perhaps more that could be done to increase membership by explaining the benefits.

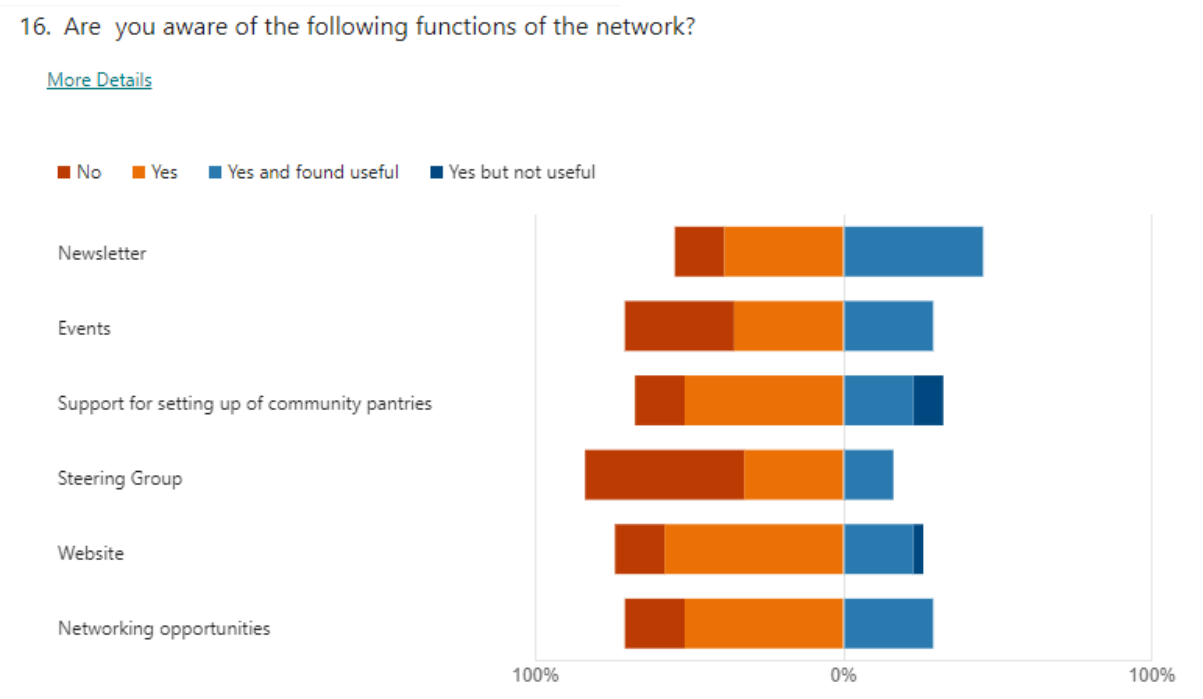
15. Are you a member of the Feeding Derbyshire network?

[More Details](#)

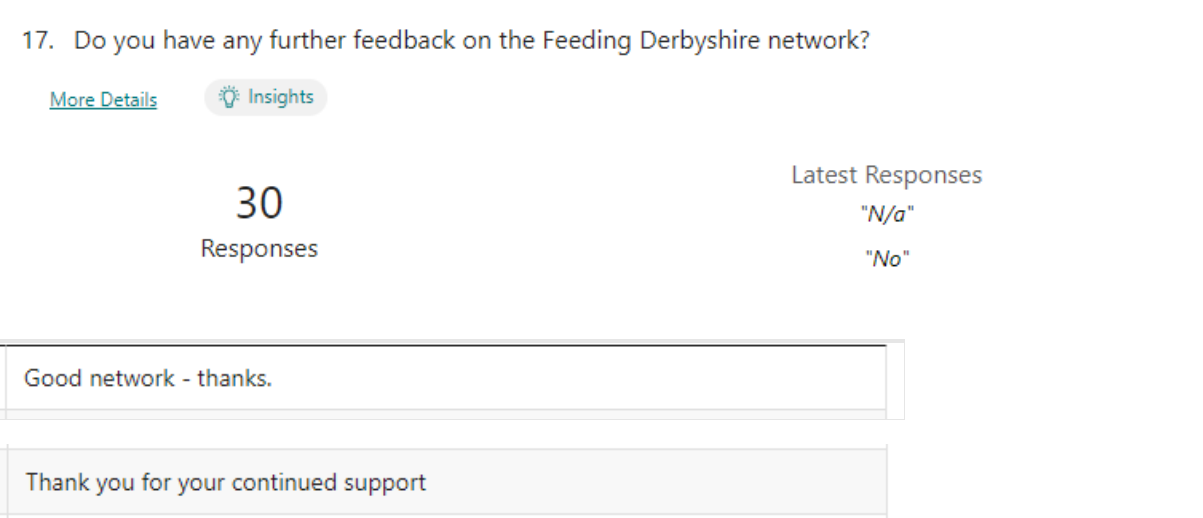
[Insights](#)



Q16. There was reasonably high awareness of most of the Feeding Derbyshire network functions, particularly the newsletter and networking opportunities. The steering group is less well known about (but membership is by necessity limited to a representative group) and the finding that some people have not found support for setting up pantries useful, perhaps indicates that they have done this without support from the network.



Q17. This open text question produced some interesting results which are reproduced in full below. Many respondents responded extremely positively to the Feeding Derbyshire network, expressing gratitude for support and help with their work.




13	anonymous	Since i started in my role in 2020 i worked predominantly with Feeding Derbyshire with great sucess. Since the beginning of 2022 I have sadly had no working relationship with Feeding Derbyshire. We have had such great success in the Nottingham area it would be great to roll out our Food Hubs in the Derbyshire Area.
14	anonymous	Happy to share via social media any links to information as to which Food Banks are operational over the Christmas and/or New Year holidays
18	anonymous	feeding DERBYSHIRE has been so great for Salcare
19	anonymous	Thanks for your help
22	anonymous	Offer a great service
23	anonymous	There needs to be better oversight of members and how they utilise the funding they are given.
24	anonymous	I find the updates and information useful particularly the Derbyshire foodbank link to all the foodbanks in Derbyshire
25	anonymous	Keep up the good work
28	anonymous	It is a very helpful service and one we turn to regularly, so thank you.

18. Please identify any other support that you think would be helpful. Either to your organisation or to your service users.

If you would like more information on the Feeding Derbyshire network, please visit - <https://www.ruralactionderbyshire.org.uk/feeding-derbyshire>

[More Details](#)

 Insights

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Responses

Latest Responses

"We have a service user who is currently homeless "

"Aware of the support from Feeding Derbyshire"

"More support needed getting a referral to the foodbank"

Q18. This free text question (reproduced in full below) asking for any other support gave some interesting responses, there are clearly issues with supplies, funding and volunteers. One respondent suggested a newsletter so renewed efforts to promote the existing one are perhaps needed.

18. Please identify any other support that you think would be helpful. Either to your organisation or to your service users. If you would like more information on the Feedin...

39 Responses

ID ↑	Name	Responses
1	anonymous	Our users could do with assistance on non-food basic supplies (toilet rolls, toothpaste, sanitary products). We could do with support with our energy bills.
2	anonymous	easier access to food parcels for people with disabilities
3	anonymous	n/a
4	anonymous	Funding for referrals like CUP
5	anonymous	n/a
6	anonymous	More volunteers willing to come out at 8pm at night to collect food and make deliveries
7	anonymous	Networking with other food banks
8	anonymous	Financial and food support
9	anonymous	Perhaps a newsletter
10	anonymous	We need more funding to sustain the meals on wheels service.
11	anonymous	we appreciate the networking opportunities
12	anonymous	.
13	anonymous	As much as possible but the communication with us allows this. We are grateful.

14	anonymous	Getting the foodbank to a more accessible place in the town.
15	anonymous	an interactive map of all the food support agencies in the High Peak would be useful
16	anonymous	Supporting the provision of advice services within a foodbank setting in order to explore and address the reasons for requiring emergency food.
17	anonymous	Face to Face networking opportunities
18	anonymous	Grateful for information on sources of grant funding.
19	anonymous	no
20	anonymous	FUNDING
21	anonymous	
22	anonymous	no
23	anonymous	Training for volunteers so they can help customers more
24	anonymous	Clients have found it very helpful to be referred direct to services such as the CAB/Energy team/ Marches Energy rather than being asked to do this on their own.

25	anonymous	As an organisation we often need to access food for people at short notice (hospital discharges), we are therefore unable to access foodbank support and these people dont always meet eligibility criteria. They are needy however and the importance for healthy nutritional warm food is greater after a period of ill-health and to help prevent re-admission to hospital.
26	anonymous	It would be helpful to have information about projects like Household support fund sent out to us, knowing what provision is provided by the council helps us to both plan for the need in our community and make sure that those we support are receiving what is available for them.
27	anonymous	Money
28	anonymous	Ways of gaining long term funding and suppliers of food goods.

35	anonymous	Funding, funding, funding
36	anonymous	N/A
37	anonymous	More support needed getting a referral to the foodbank
38	anonymous	Aware of the support from Feeding Derbyshire
39	anonymous	We have a service user who is currently homeless

Appendix 2: Maps of current location of community pantries, with income deprivation or walking/public transport within 15 minutes

