DISABILITY, HEALTH, AND HUNGER

January 2018
THE TRUSSELL TRUST

The Trussell Trust is an anti-poverty charity that runs a network of over 420 foodbanks across the UK. Trussell Trust foodbanks provides three days' worth of nutritionally balanced food and support to people in crisis in the UK, and many foodbanks offer free additional services, like money advice and budget cookery courses as part of the charity’s ‘More Than Food’ approach, to build resilience and help prevent people needing a foodbank again. Foodbank volunteers are also trained to signpost people to other agencies and services able to help resolve the underlying cause of the crisis.

The Trussell Trust foodbank network provided 1,182,954 three day food supplies between 1st April 2016 and 31st March 2017, a 7% increase from the previous year, and issues with a benefit payment continues to be the most common cause of referral to a Trussell Trust foodbank.

Everyone who comes to a Trussell Trust foodbank is referred by a professional such as a social worker, health visitor or schools liaison officer. Over 30,000 frontline professionals refer people to Trussell Trust foodbanks. Over 90% of the food Trussell Trust foodbanks provide is donated by generous members of the public. In 2016-17, 11,175 tonnes of food were given to people in crisis.

Reg. Charity in England & Wales (1110522) and Scotland (SC044246). Reg. Ltd. Co. in England & Wales (5434524)

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Acknowledgements
We would like to extend our sincere and huge gratitude to all foodbanks who contributed time and effort to contribute to this research and particularly the foodbanks who spent additional time collecting data for extended analysis.
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FOREWORD

We’re committed to ending the need for foodbanks in the UK and moving towards a future where nobody is left with no money and nowhere else to turn. But how do we get there from here, a country where in the last year almost 1.2 million three day emergency food supplies were given to people by foodbanks in our network?

To understand exactly what leaves people needing a foodbank and what solutions could lead to long-term change, we’ve undertaken several pieces of cutting-edge research into UK foodbank use. One of the most striking findings from this research throughout the last two years is as unambiguous as it is concerning; people dealing with a disability or health condition are far more likely to receive emergency food from a foodbank.

This report builds on those findings, providing a new level of detail about that link between having a physical or mental health condition and being more at risk of needing a foodbank referral.

People at foodbanks with ill-health or a disability often have multiple and long-term conditions, and are facing an array of issues, from changes in benefit payments and benefit cuts, to problems with assessments and long delays. Mental ill-health is one of the biggest concerns foodbanks reported; almost a quarter of respondents noted a significant increase in the number of people referred whilst experiencing mental health problems in the last twelve months. At the same time, foodbanks describe a severe lack of accessible welfare advice and non-financial or emotional support for people affected.

This cannot continue. These findings make it clear that foodbanks in our network are doing all they can to provide additional support – offering training for volunteers, providing advice and support within the foodbank centre itself and developing partnerships with other local agencies to ensure people can access available support. But foodbanks are an emergency response to crisis. A short-term stop-gap. They cannot, and they should not, provide the long-term targeted support and resources that are needed on the ground.

We’ll continue to share evidence about the issues people at foodbanks face and what works to inform effective policy solutions, and we hope the Government’s commitments as part of the ‘Improving Lives’ strategy will deliver much-needed change to combat the issues identified by foodbanks. The findings in the following pages represent a vital first step—but to prevent people with health conditions needing foodbanks in the future, what matters next is where as a nation we chose to go from here.
EXECUTIVE SUMMARY

Foodbanks in The Trussell Trust network have different experiences of the proportion of people they see with disabilities and ill-health but the problems faced by the people they see are often very similar.

Managers and volunteers have reported issues arising from changes to benefits, benefit cuts, and assessments and long delays, particularly with Personal Independence Payments (PIPs) in receiving benefits. They also highlight difficulties for people with Employment Support Allowance (ESA) and PIP appeal processes and significant lengths of time without income.

Mental ill-health is one of the biggest concerns foodbanks have about people referred to them. Almost a quarter of respondents noted a significant sharp increase in the number of people referred whilst experiencing mental health problems in the last 12 months. Stress and anxiety caused by benefit changes, delays, and appeals contribute to mental ill-health, alongside other pressures such as cost of utilities. Foodbanks do not always have the capacity or expertise needed to properly support people with mental health conditions but are increasingly working with health and disability charities and specialists to build networks to support people.

Local service provision for people with physical disabilities, learning difficulties, long-term physical health conditions, and mental ill-health exists to an extent but tends to only provide support for some levels of need and tends to be short-term, one-off/ad hoc support.

People with disabilities and health conditions face additional barriers including social isolation, debt, fuel poverty, cost of travel, low income, notable unfair sanctioning, homelessness, and accessing welfare support e.g. with claims/appeals.

The experience of foodbanks points to a severe lack of welfare advice, non-financial support, and emotional support for people with disabilities and long-term health conditions. Foodbanks are doing what they can to help guide people to, or provide, additional support, but cannot provide the long-term targeted support and resources that are needed on the ground. Many of the obstacles people face can be addressed by changes to the communication of information around accessing welfare support and advice, changes to the delivery of ESA, JSA and PIP, and by improvements to regional and local support for mental health conditions.
KEY RECOMMENDATIONS

Claiming PIP and ESA:

1. More support, advice, and advisors, to mentor people through the claims and appeals process.
2. Making the application process for ESA and PIP more accessible by changing terminology, and offering simple guidelines to explain what the new benefit involves.
3. More access for people with disabilities and health conditions to speak to a real person about their claim - if people are vulnerable they need to see a person rather than a computer
4. More local support to include people who are less digitally literate.
5. A review of application forms and terminology, WCA and work allowances.
6. Increased opportunity for ESA and PIP assessments to be available locally.
7. Basic rate of income maintained between WCA decision and appeal tribunal.
8. Review and uplift ESA and PIP payment rates so that people with additional barriers/needs are not trying to subsist on the same income as people on JSA.
9. Review the benefits freeze

Support and Advice:

1. Clearer and simpler DWP guidance notes online for agencies and charities for reference.
2. Combining health advice with welfare advice, with at least one mental health advisor for each Jobcentre and PIP assessment staff trained in identifying mental health conditions.
3. Increase access to the appeals process e.g. funding for welfare advisers to sit with people during court proceedings who would not otherwise go through with it.
4. A sustainable livelihoods approach, where people are given holistic, full-journey support.
5. Retraining or rehabilitation for people who worked in manual labour or physically demanding jobs before having an accident or becoming ill.
6. Free access to counselling for low-medium level mental health.
BACKGROUND

The Trussell Trust Foodbank Network’s latest foodbank referrals data highlighted that 43% of referrals were triggered by problems with benefit delivery\(^1\). In recent years, Foodbanks had anecdotally reported seeing significant numbers of people experiencing problems transferring from ESA to JSA, and people suffering from mental health conditions.

In 2017, Dr Loopstra’s report into food insecurity among people referred to foodbanks identified that people claiming JSA and ESA (WRAG) were over-represented among foodbank users compared to claimants in the general population. The research found that two thirds of households had a health condition, over half were classed as having a disability (consistent with the definition used in national surveys), and 1/3 were affected by mental health conditions. After mental health conditions, respondents reported respiratory problems, back and neck problems, and heart and circulation problems. Over one-third of households were currently waiting on a benefit application or benefit payment. While some had only recently filed their applications for the majority, it had been 2-6 weeks since their initial application. Most were waiting on decisions or payments for Employment Support Allowance or Jobseeker’s Allowance\(^2\).

Additionally, Dr Loopstra’s research found that over 70% of people surveyed were had ‘No formal qualifications’ or GSCE/O-level as their highest qualification, which fits with understanding that on average people with long term illnesses or impairments are also lower in skills (including digital) and qualifications than healthy, non-disabled people of a similar age\(^3\).

The Trussell Trust welcomes the Government’s acknowledgement that the disability gap needs to be addressed urgently and is very pleased to see the interdepartmental approach being undertaken in the Government’s ‘Improving Lives: The Future of Work, Health and Disability’ strategy. Through this the Government has committed to getting 1 million disabled people into work in 10 years and to supporting efforts to understand and address the barriers that people with disabilities and health conditions face in getting into, and staying in, work\(^4\).

This research aimed to understand more about people who are referred to foodbanks with disabilities and health conditions and, by contributing to the evidence base around some of the obstacles and barriers people face; to highlight how foodbanks are responding; as well as to better understand what could be done to reduce in the numbers of people with disabilities and health conditions needing a foodbank referral.

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In total 141 foodbanks, 33% of The Trussell Trust’s network, contributed to these findings.

Telephone interviews were conducted with nine foodbank managers to get an idea of the extent of foodbank engagement with people with disabilities and health conditions, and to scope what would be the best way to gather useful information relating to the Government’s Improving Lives strategy.

An initial survey was also sent out to foodbanks in the network, to which 80 foodbanks responded. The research was then extended to gain further understanding of foodbanks’ experience of serving people with disabilities and health conditions.

23% of the network responded to additional online surveys and some foodbanks provided answers to additional questions. Seven foodbanks (covering the South West, South East, North West and North East of England) conducted additional research. Volunteers spoke to over 119 people with a disability or health conditions over four weeks. This is not a representative sample and is an underestimation of the numbers of people who were referred with disabilities and health conditions. However, it offers an indication of the kinds of issues faced by people with ill-health or disability.
INTRODUCTION

The Trussell Trust and foodbanks in its network are concerned about the substantial numbers of people that are being referred to them with disabilities and long-term health problems, particularly mental health problems, and about the lack of external support available to help reduce (or eliminate) barriers faced by people with disabilities and health conditions.

This research identifies a number of barriers faced by people with disabilities and health conditions that result from a lack of appropriate financial and non-financial support, and result in foodbank referral. Many of the obstacles can be addressed by changes to the communication of information around accessing welfare support and advice, changes to the delivery of ESA, JSA and PIP, and by improvements to regional and local support for mental health conditions.

The following findings highlight in more detail the problems faced, their impact on people’s lives, how foodbanks are responding, and considers what could be done to reduce the need for emergency food interventions.
1. FOODBANK EXPERIENCE OF DISABILITY AND LONG-TERM HEALTH CONDITIONS

Eighty-nine percent of foodbanks who responded to our initial survey reported mental health issues among people referred and 53% considered it to be a major issue. 84% reported disability and physical health needs representing an issue for people referred to them with a quarter considering it to be a major issue.

Over 50% of foodbanks who responded to the second round of surveys had identified an increase in the proportion of people they helped with disability or health conditions over the last 12 months. Twenty percent were not sure and the rest thought levels had stayed about the same. Of those that had seen an increase, 45% had noticed a significant increase.

Foodbanks reported an average of 19% of people having a disability, 23% of people having a long-term health condition and 38% of people suffering from mental ill-health.

Data gathered from people referred to foodbanks participating in a four-week study identified that for almost three quarters of people suffering from health conditions and disabilities, the condition tended to be ongoing/long-term. This study also found significant numbers of people with learning difficulties too, which more frequently than not were accompanied by physical health conditions. Of the people identified, 39% suffered from both physical and mental health conditions.

There were several significant problems and barriers encountered by people with disability and health conditions who were referred to foodbanks. Access to, and delivery of, appropriate social security support were key areas of difficulty, encompassing: changes to benefits, delays in benefits, difficulty applying for benefits, meeting JSA requirements, attending assessments, and appealing against decisions.

Aside from benefit delivery, the major concern among foodbanks was the rise in numbers of people being referred to them with mental health conditions under legacy benefits, PIP and Universal Credit (U.C.). Many foodbanks commented on the lack of low-level support and non-financial support for people with mental health conditions.

Broadly, foodbanks tended to report some level of local advice and support provided for people with different levels of disabilities and health conditions but provision was limited, ad hoc and short-term.
Changes and delays to benefits:

“Jane’ who was on DLA, she was transferred to PIP, she had an assessment and [was] declined PIP. This has had knock on effect as her husband’s [payments] with her husband’s Carer’s Allowance also being stopped. The net effect of the loss of income is approximately £906 p/m. Jane has had fibromyalgia for the last eight years, she is in a wheelchair and very worried as she may also lose her mobility allowance for her car.”

(Haverhill Foodbank)

Foodbanks emphasised the impact on people referred to foodbanks of a change to their benefit, whether that was being moved off DLA, from DLA to PIP, from ESA to JSA, or being assessed as fit to work when they were not. Foodbanks noted that many people were not aware of what the changes would mean for them in terms of eligibility and requirements.

One project manager had met a young man who had had no income for two years, as some people with mental health conditions who are inappropriately moved onto ESA do not pick up the letter that says they need to be assessed for ESA.

Someone helped by Exeter Foodbank explained “I lost my ESA on 22nd September due to being told I was fit to work, however when I tried to apply for Jobseekers Allowance I was refused it on the ground that I was NOT fit work (I suffer from PTSD, Complex PTSD, intrusive thoughts and OCD). So between 22nd September 2016 and 2nd February 2017 I had no income at all, and was getting no benefits or anything from the DWP. When I went to the local Citizens Advice and explained my situation they referred me to the foodbank”.

Foodbanks note that people struggling who have been taken off ESA and moved onto JSA can have difficulty navigating the system, often because their situation means they cannot cope with JSA requirements. One foodbank particularly noted that they are seeing more people with mental health issues who have been taken off ESA and put onto JSA even though their doctor is saying that they are not fit for work. Concerns have also been raised by a number of charities, around the expertise of people making the assessments5.

People classified as able to work and who have not worked for years may also not have the confidence or relevant skills for present day requirements, and need extra support to meet job search requirements:

Foodbanks reported seeing people during the period of transition and assessment when income can completely stop (e.g. if someone is not well enough to claim JSA in the meantime) or fall significantly e.g. one woman, who was born with a medical/mental health issue was deemed fit for work, at the age of 56, found her benefits were cut overnight to JSA rates and [she] had to start applying for jobs or risked being sanctioned. The foodbank noted that it was not the first time this has happened and the lady had previously won her appeal.

One person’s claim was put on hold because they were told that their condition, a type of stroke (double bleed intracranial with IV extension), was not on the criteria for ESA benefit.

Someone referred to Gloucester Foodbank highlighted the impact of the four year freeze on benefit rates and reduction of certain benefit rates, explaining: “the benefits are not enough and have reduced. Electricity and rent use up most of the money. We needed food and had no money.” This testimony was given after April 2017, when the payments for people in the ESA WRAG were reduced to match JSA levels.

Aside from benefit changes, benefit delays have caused similar challenges for people referred to foodbanks. A drop or cessation in income for someone already on a low income can make managing finances difficult and this difficulty is accentuated for someone who is disabled or suffering from ill-health.

The majority of foodbanks particularly noticed people faced difficulties and delays with receiving PIP. These issues included: the long wait whilst applying for PIP; the frequency with which people had to appeal; more frequently delayed benefits when people switched from DLA to PIP; and significant problems with processing ESA claims.

A theme throughout was the impact of income cuts, mainly due to reductions in benefit payments, and the effect of this squeeze, leading to people’s foodbank referral. Projects noted that many people who are referred have recently had ESA benefits cut and that a sudden reduction in money at a time when money is scarce results in household debt, extra stress and negative impact on mental health, particularly where PIPs are taken away.

Applications, assessments and appeals:

Seventy-eight percent of foodbanks who responded to our initial survey reported problems with ESA claims being an issue for people with 45% identifying it as a major issue. Almost three quarters reported PIP claims as causing problems with PIP claims being an issue for people with over a third identifying it as a major issue.

People referred to foodbanks we were struggling with ESA and PIP application processes such as application forms, tests, waiting times and appeals. Attendance allowance applications were also noted as a process that people could struggle with.

Waveney Foodbank noted the following problems faced by people struggling with claims:

- Someone with agoraphobia given medical appointments within 48 hours’ notice.
- A doctors letter saying someone would be unable to attend due to illness not arriving in time, leading to an automatic sanction.
- Someone being asked to travel 70 miles round trip on bus in wheelchair as the local assessment centre is on the first floor and in case of fire you can’t use the lift.
Someone referred to a foodbank with severed tendons and mild depression explained they were waiting for money to come through and that the Doctor wouldn’t issue a note until day due then 3-9 days for benefit to be paid (£73 a week). One foodbank had recently spoken to several clients who struggled to access appropriate benefits. Clients with health conditions that placed them around the threshold between JSA and ESA WRAG eligibility seemed to particularly adversely affected; many had been deemed fit to work, but struggled to find employment or meet JSA conditionality requirements (leading to sanctions). This was particularly true of those with mental health conditions, who struggled to access appropriate mental health support.

Foodbanks also noted people being unaware of what they were entitled to and explained that people with disabilities (particularly learning difficulties) and health conditions were not always able to complete the application forms, adding that forms can seem like long documents with interrogating questions. People who are unable to navigate the system sometimes just don’t apply. Furthermore, people’s situation can be difficult to explain on paper and there can be fear of mobility vehicles or other support being taken away if questions are answered incorrectly. When people have been able to complete the application stage, the language used in the claim and appeals process e.g. tribunal, appeal, court hearing, can be off-putting. Nantwich Foodbank met someone who explained:

“My disabled wife was turned down for her transfer from DLA to PIP after a 30min face-to-face assessment awarded her with no points, we were left with £32 a week to live on. We made a mandatory appeal to DWP who stuck to the decision they gave us. I had given up work in 2012 to become my wife’s full time carer and have been receiving £61 per week but this also ceased. It was a long hard slog supplying doctors records, hospital evidence, reports, daily living diaries of effects...but after nearly eight months of worry stress and upset we got a court hearing date, the outcome was that of great relief and joy as from having 0 points my wife was awarded 37 points and awarded high rates of both benefit entitlements...’

Foodbanks emphasised increased numbers of people facing problems with medical decisions alongside a lack of support available with undertaking applications, assessment and appeals. One project was particularly concerned that PIP assessment staff are not trained for mental health issues.

Littlehampton & District Foodbank felt that the main reason for increase of people with disabilities or health conditions needing to use their services was due to a high level of people having to appeal PIP and ESA medical decisions. Evidence points to the need to improve the assessment and decision-making process because 60% of appeals are successful even when a Mandatory Reconsideration has upheld the original decision.
Stoke-on-Trent Foodbank reported:

“Applying for PIP and moving from ESA to PIP is a massive issue. There is no support in the application process or once a decision has been made. A Citizen’s Advice pilot got funding to take notes during assessments for disability benefits. In these situations the numbers of rejections went down and explanations for decision went up. There is new support available and now a greater number of applications are appealed.

Council is cutting funding but need remains. There are gaps in local support for disability but local support involves the council and voluntary sectors helping people transferring from ESA to PIP. A local disability charity has had short term funding through the wider welfare reform group for benefits advisers, where people have been refused claims due to disability. With so many people needing supporting people through the process, advises time is saturated.

Unite the union are supporting people with disabilities and benefits”.

Clevedon & District noted that they see lots of people who have been refused ESA but cannot cope with requirements of JSA, as well as people who have no income because they can’t navigate the benefits system and do not apply:

“People we meet with long-term health problems don’t understand the benefits system and are uncertain what they should be entitled to, or whether they are getting it. One client recently seen had severe mobility issues necessitating her partner’s support as carer. He himself was undergoing treatment for lung cancer. His benefit as carer seemed to be being deducted from her disability benefit. We referred them to the local disability services and support organisation for help.”

A number of foodbanks also identified difficulties for people getting to assessment centres that tended to be far from where the person lived. For example, foodbanks highlighted that someone was “asked to travel 70 miles round trip on bus in wheelchair as the local assessment centre is on the first floor and in case of fire you can’t use the lift” and “people were being asked to travel from Nantwich to Ellesmere Port for PIP assessments”.

As is widely known, transport is often a challenge and expensive for people with disabilities and health conditions. In their response to the Work, Health and Disability Green Paper, the SSAC noted that ‘transport and skills are clearly of great importance in enabling more disabled people to find and retain employment”.

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Sanctioning:

A strong dynamic relationship between JSA sanctions and foodbank referrals was identified by Dr Loopstra in 2016⁷.

Foodbanks reported that there appears to be no additional flexibility around sanctioning for people with disabilities and health conditions despite the additional barriers they face to meeting targets. For example, someone with agoraphobia was given a medical appointment with 48 hours’ notice, and in another case, the doctor’s letter saying they would be unable to attend due to illness could not arrive in time and they were automatically sanctioned. Another foodbank highlighted that some people are not clear as to when or if they need to produce a medical certificate before they are sanctioned.

As foodbanks have also identified, there are concerns that in-work conditionality under Universal Credit will significantly impact on people with disabilities and health conditions, particularly as people seem to lack understanding about how the sanctions system work currently and the number of conditionality groups are due to increase under U.C..

Mental ill-health:

“A gentleman came to us, as he had been signed off sick due to stress and mental health issues. He was on statutory sick pay for 6 months but when that came to an end, and he was still not well enough to work, he lost his job. He had children still at school and a wife to support, who was working but they were still struggling to make ends meet.” (Lutterworth & Villages Foodbank)

Mental ill-health among people referred to foodbanks is a significant concern as foodbanks see more people who are unable to cope. Changes to benefits that people aren’t prepared for or supported with, and delays to benefit payments, can be detrimental to mental health, debt, and long-term health conditions. One foodbank reported that 75% of single men referred to them have mental health issues.

“We are seeing more and more clients with mental health problems presenting at our foodbanks. We are not equipped or trained to deal with most of their problems, however we have increased our knowledge and partnerships with local agencies to ensure we can find the right help for them.” (South Sefton Foodbank)

Several foodbanks noted a lack of mental health support and that disability can often lead to mental ill-health. They report that mental health support can be patchy and in general, the people they see are not getting the help they need. Several foodbanks also reported working

with external charities such as Mind to help people referred to them with mental health conditions.

Some foodbanks reported seeing people with severe depression. One foodbank reported how in the past six months, they would not let three people referred go home as they were so distressed the volunteers were worried about each individual’s safety. In this case, the standard of care available was more effective—foodbank managers range the local health care service who then spoke directly to the person via telephone and arranged immediate appointments.

**Local service provision:**

“Support tends to be short-term and not linked up with other support. Health support staff often lack the expertise and time to help vulnerable people navigate the welfare system properly, as this is complex and very time-consuming. There are several good mental health charities locally, but they tend to be group focused and don’t provide specialist one-to-one support....”

Several foodbanks have identified that access to support and advice is a difficulty for people with disability and health conditions, including with Universal Credit. Foodbanks noted that more support is needed for people to use the internet. Many people cannot afford internet or computers and only get limited access at public centres like libraries. Many do not have the skills or confidence to use computers.

**Support provided locally for people with disabilities and long-term health conditions**

- **Not sure**: 10%
- **Increasing**: 10%
- **Being sustained**: 20%
- **Decreasing**: 60%
Of the foodbanks that gave additional information about local service provision, the majority reported that support is provided for people with physical disabilities, learning disabilities, long-term and physical ill-health and mental ill-health. For all, support was short-term and service tended to be one-off support or multiple ad hoc interventions.

Only 20% were aware of regular interventions or sustained support. Most foodbanks reported that there was support meeting some (rather than most) levels of need but almost two thirds were seeing a decrease in support provided. Support for people with learning disabilities was lacking most of all.

One foodbank noted that ‘all day centre learning disability facilities have closed and number of college courses for special needs students reduced.’

One foodbank helped a single man in his 50s who was receiving ESA at the higher rate (support group) and PIP which left him with sufficient income. However, his benefits were being made into a DOSH account (account management system to help people with learning difficulties to manage their money through self-directed support). This limited his spending to £15 per day, and meant only a named advocate (his social worker) could make withdrawals. He struggled to shop independently, and had been trying to get an appointment with his social worker for supported shopping for nearly a month without success. He told the foodbank he was urgently in need of new clothes / shoes as he only owned what he was wearing. He had been given a foodbank voucher by his supported accommodation as he couldn’t access his money and they couldn’t facilitate supported shopping.

Statutory services tend to be limited and decreasing, while charity provision varies. Some charities may have contracts with local authorities for niche support. There were some services available at a small cost but even that was unaffordable to people seen by foodbanks. The lack, and reduction, of mental health service provision was a particular concern.
Chichester District Foodbank highlighted:

“There is an NHS drop-in session but they only see people who are known to them/ have been referred by a GP, so it’s not much of a drop-in. People are falling through the net who can’t access the help they need.”

Nantwich Foodbank explained:

“Our local low-level mental health support team was originally able to support people for six months, now only 6 weeks support is being offered. Staffing levels with these organisations seems to have been reduced and we find making contact can be very difficult. One client has been waiting since before Christmas to even have an initial assessment. There are two levels of support but only GPs and "professionals "can refer people to the enablement team.

Foodbank is able to refer people to the low level floating support group, who help with PIP assessments and tasks of everyday living but due to staff cuts they have a long waiting list.”

Work:

A foodbank reported that they “see a lot of clients who have worked in manual jobs (often low paid) who experience illness/injury and struggle to survive on sick pay or access appropriate benefits...[which] seems to particularly affect men in their 50s, who have worked long term in one (manual) area and lack other work-related skills to adapt. People who are self-employed also seem to be particularly vulnerable”.

Several foodbanks had experience of people losing their jobs or being unable to work due to ill-health and disability. One particularly shocking example of how insecure work, poor health, and disability cumulatively can make people less likely to be healthy, and with stable employment, was f mentioned by Slough Foodbank:

“One client told me that he had had a job per year roughly. This was due to his suffering from Sickle Cell Syndrome. When he was well he was able to find a job. His benefits were stopped but he didn’t get paid for a month or so. During that time he didn’t eat properly due to lack of money so became ill again. By the time he started the new job he was beginning to become ill again due to poor diet and so lost the job within the first few weeks. This pattern is often seen as people find work and then struggle until pay day as the benefits stop immediately.”
Other foodbanks mentioned delays in payments for people with health issues. One Foodbank in Gloucestershire reported:

“People going through cancer treatment aren’t able to work at present so struggling. One client who had suffered a work related accident waited for months before being awarded some benefit and only had the foodbank to rely on in the meantime. She continued to need less regular support afterwards but as her benefit was the minimum available, she came along each week to the church for a hot meal and to pick up help yourself items in order to survive.”

Foodbanks also mentioned that more support outside the Jobcentre was needed to make people confident and work-ready after being taken off ESA, and that zero-hours contracts are particular unstable and stressful for people with health conditions, who can face dismissal with little warning as there is little legislation to protect their rights. There can be a 'catch-22' situation, as this type of work is often the only work that is accessible and available.

People referred to foodbanks also shared their own experience of losing work due to ill-health and disability, e.g. accidents (no longer being able to do the same job) and infections (having to take time off, resulting in dismissal). Mental ill-health was the most common reason given.
2. PEOPLE REFERRED TO FOODBANKS

Survey respondents highlighted that ill-health is an increasing problem for people referred to foodbanks.

Data gathered by foodbank volunteers over a four-week period showed a similar picture. Only a small proportion of people had a specific disability. Only four percent reported learning difficulties but three quarters of those that did also reported a physical health condition. The majority of people identified as having a learning disability alongside a physical health condition.

What is striking is the proportion of people experiencing multiple health conditions. There were more than twice the number of people experiencing only mental ill-health as there were experiencing only physical ill-health. The majority of people identified as having a learning disability also had a physical health condition.

Depression and anxiety were reported most frequently in relation to mental health conditions, reported by 25% of people that volunteers identified. Back or spine problems were the most common physical conditions.

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**Exeter Foodbank met a** single man, aged 20, living in supported accommodation and suffering from a range of mental health conditions, including high levels of anxiety which make it difficult for him to leave his flat at times.

He wanted to claim ESA, but was unable to gain sufficient medical evidence as he was still awaiting a full mental health assessment from the Community Mental Health Team. He had been told there was a six-month waiting list - on the fast-track referral route. He felt unable to navigate the application process without support and had anxieties around the waiting period (and likelihood of being turned down). In the meantime he was claiming JSA, but the amount received made it difficult for him to cover high top-up rent costs in his supported accommodation rate and cover living costs.

He struggled with budgeting and food shopping due to his mental health condition and there was insufficient support available with this in supported accommodation due to budget cuts/ staff pressures.

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The chronicity of many people’s health problems was also evident. 73% of people referred to participating foodbanks over a four-week period had ongoing or long-term disabilities or health problems.
While people referred with health conditions or disabilities tended to already be receiving some external help, the help didn’t often appear to be directly related to their health condition, though it may be that some respondents thought this would be too obvious to record. When help was related to a health condition it tended to come from GP or hospital.

Additionally, one foodbank noted that they “spoke to several clients who struggled to access appropriate benefits. Clients with health conditions that placed them around the threshold between JSA and ESA WRAG eligibility seemed to particularly adversely affected; many had been deemed fit to work, but struggled to find employment or meet JSA conditionality requirements (leading to sanctions). This was particularly true of those with mental health conditions, who struggled to access appropriate mental health support”.

Referrals of people with health conditions and disability were mostly triggered by ‘low income’ or problems with benefit delivery. Nine percent were related to difficulties with U.C.. Only four percent of people identified by this study were referred primarily due to sickness or ill-health but ill-health and disability were clearly contributors to financial crisis. This suggests that the true extent of disability and ill-health in foodbank users is not captured by Trussell Trust data, and underlies many of the key trigger causes of a foodbank referral.

The impact of mental and physical ill-health and disability extended beyond the individual and to their dependents, and our research showed that 50% of people who gave additional information were living with dependents. The impact on dependents is severe and overlooked:

“John (not his real name) cares for his brother who has schizophrenia and is also unable to work due to head injury which causes him to regular fits. John's ESA was stopped whilst carers allowance was being looked in to. Unfortunately the brother was assessed fit for work and carers allowance not awarded. John will not leave his brother as he feels he is a danger to himself.” (Nantwich Foodbank)
Income tended to be only from benefits but a small proportion were in part-time or self-employed work. One person, whose only source of income was work, explained that their ‘back went in July so lost job, has just applied for benefits, was too embarrassed before’.

Foodbanks and people served by foodbanks also highlighted the impact of ill-health on increasing debt levels.
3. FOODBANK RESPONSE TO NEED

“We thought we would be frowned upon and made to feel uneasy, it was the complete opposite - we were made welcome and listened to by a very understanding team. After a cup of tea, a biscuit, and a helpful and friendly chat we left with food provisions, good advice and we even had a smile of hope on our faces for the first time in a long time thanks to just offloading our troubles on to somebody impartial who actually listened and looked like they cared.”

Foodbanks are responding to the barriers faced by people in a variety of ways, both through the foodbank itself and in partnership with other local organisations.

Social inclusion:

“Clients regularly highlight how much they appreciate the listening ear, social contact and warm welcome they receive from our sign-posters, which seems to motivate many to seek further external support.” (Exeter Foodbank)

In addition to providing a listening ear and sign-posting services, foodbanks also offer employment support and social inclusion projects, such as jobs clubs and group social events such as choirs. Often foodbanks work with other charities and housing associations, by developing local networks, to do this, such as Citizens Advice, Money Advice and the Salvation Army.

One of Clevedon and District Foodbank’s two weekly sessions is held in combination with the Salvation Army’s cafe; where the workers are available for supportive chats, and there is also usually a representative from the local Disability Initiative there, who can offer on-the-spot advice about benefits etc. There is a mental health charity down the road to which they direct clients as necessary.

Many foodbanks also provide opportunities for and encourage people to volunteer at the foodbank through supported volunteering projects.

Aston & Nechells Foodbank in Birmingham highlighted that:

‘Volunteering at the Foodbank helps people build confidence towards returning to work or with extending their CV so that in due course they may get into employment. Volunteering provides friendships and a way of helping others.’
Advice on site:

Increasingly, foodbanks are co-locating welfare advisers, such as Citizens Advice workers, in foodbank sessions to provide advice on a range of issues including benefits, mental health, housing, fuel poverty, and debt. For example, foodbanks can have: someone trained in signposting on hand; printed leaflets; direct referrals to Citizens Advice; or an informal link with a specialist welfare advisor.

One foodbank reported that local Disability Advice Group applied for funding to provide two advisers into foodbank, who supported people to get financial help (e.g. grants, DLA) and helped people get £12,000 worth of benefits entitlements, including £8,000 back paid.

Foodbanks also build networks in the community with private, public and third sector organisations, and some have a constructive relationship with their local Jobcentre.

One foodbank manager was able to speak directly to someone’s work coach and this enabled one person who was struggling with job search requirements to engage with local support services rather than applying for jobs as this would help them more in the long-term to get back to work.

Mental health support:

Almost a third of foodbanks have set up formal referral partnerships with local mental health teams to help support local people facing hunger and mental health problems. These are statutory and voluntary teams, as well as local housing associations, and the partnership work aims to help people with mental health problems get the support needed.

Foodbanks are also working to provide additional support in the foodbank to people presenting with mental health conditions, and to support their volunteers who are on the front line, including running training sessions for volunteers with the mental health charity ‘Mind’.

The Godmanchester Foodbank has a link to a ‘Mental Health Drop-in’ meeting, that meets one afternoon a week, in the same building, where people can come for tea/coffee, company and support. Through the weekly drop-in meeting they are able, with supervisory support able to monitor changes and encourage those that attend. The building used is accessible for people with physical disabilities, whether they are using the foodbank or attending the Mental Health Drop-in. Also another organisation has recently been piloting extra drop in sessions for particularly vulnerable people, providing a safe space, refreshments, and where possible, low level mental health support.

A number of foodbanks have started running pilots specifically designed to support people with mental health conditions, including training volunteers, providing access to mental health
professionals, tailored signposting and guidance in foodbanks, and social inclusion work such as community choirs.\(^8\)

Some foodbanks told us that people with mental health issues had nowhere else to turn e.g.

“About 8 months ago Mark came into the foodbank because of a low mental state which meant he couldn’t keep working. Also his money had been stolen whilst he was so vulnerable. Mark returned to see us recently a new person. He was back to work and back on his feet. He said this about our foodbank: I can’t find words to explain how important it was to me. It wasn’t just the food, it was actually finding people who would care and listen to you. Without the foodbank I’d have had no electric, no food, no company, no contact, no one to sit and listen and relate to me. I looked forward to seeing the people that were down there. I’ve come in today because I wanted to say I am so grateful.” (Bristol North West)

1-to-1 and full journey support:

The Trussell Trust foodbank model is designed to provide short-term support in a crisis and hope for the future. Foodbanks are constantly working to address the underlying causes of hunger so people are less likely to need their help in the future. People foodbanks serve, particularly people with mental health conditions, often need additional support and there are many examples across the network of foodbanks responding to this need:

One Foodbank recalled “we have funding for a collaborative project with councillor supervising trainee counsellors, with foodbanks, fire service and police. It is difficult knowing how best to support people who are suicidal. Skill and time is needed to work alongside people, to take them to the place where they can access proper advice. Work requires a degree of specialism. A sustainable livelihoods approach is needed, that includes the user voice and how to build on assets that people already have. Some people have been lacking support for a significant time. People need a trusting and consistent relationship. To support the transition from crisis to a sustainable living, they have set up a ‘repeat foodbank referral group’ to provide welcoming meeting places, establishing places for community to provide additional, personalise support and a laid-back approach that develops lasting relationships and shard activities.”

Exeter Foodbank shared their experience:

“We have identified a real need among people with low-level learning difficulties and mental health issues for end-to-end personalised support in navigating the benefits system. Our informal link with a specialist welfare adviser, who works for a local homelessness charity, has been invaluable in providing dedicated welfare specialist to help clients across the project solely with this area. He provides end-to-end personalised support with all elements of identifying

appropriate benefits, helping with applications, setting up bank accounts, gathering and providing evidence through liaising with partner agencies, challenging decisions, accompanying people to WCAs and tribunals etc. This service has been fully-subscribed and remarkably successful. During the initial seven months of the project, the Welfare Rights Service completed over 144 pieces of work. Since the welfare service began, referrals to Exeter Foodbank from the charity have decreased by over 30% - at a time when referrals from other agencies have increased overall.

The Foodbank recently referred a man in his 50s to him, X, who had been forced to retire from his life-long job as a farmer due to a chronic progressive rheumatoid condition as a result of which he’d developed significant mobility and memory issues, plus depression. X had survived on almost no income for over a year; he made an ESA claim (with support), been rejected and couldn’t face the appeals process alone. He’d received some support with claims from a farming support charity, but they lacked the expertise and time to provide the consistent support he needed. The specialist welfare adviser met with X on a regular basis, has carried out a full assessment, helped him make ESA & PIP claims and accompanied him to a WCA. X has now received a large back payment, has benefits in place and is no longer in need of foodbank help.”

How foodbanks are responding

- Offering information about the mental health people can access
- Referrals from mental health teams
- Mental health drop-in sessions
- Delivering commissioned services with healthcare team
- Providing full journey support to a person to get them back on their feet
- Job clubs
- Social Inclusion projects
- Working with other charities e.g. Mind, to train volunteers
- Working with other charities, such as CAB and Money Advice, to provide additional support to clients e.g. with appeals
CONCLUSION

Foodbanks’ experience demonstrates that significant numbers of people with disabilities and long-term health conditions are falling into financial crisis.

This is often due to difficulty applying for and accessing benefits; income shocks due to benefit changes and delays; and an apparent lack of understanding and flexibility within the system towards people with mental health conditions.

There is a clear inadequacy around support and advice available locally for people with disabilities and health conditions, particularly learning difficulties and mental health conditions. We also have concerns about the impact of Full Service roll-out of U.C. for people with health conditions and disabilities.

We welcome the government’s commitments as part of their ‘Improving Lives: The Future of Work, Health and Disability’ strategy to reforming the health and disability welfare-employment landscape by reforming benefit assessments, working with and supporting health professionals with the tools and techniques they need to have supportive conversations with patients about work and health, and doubling the number of work and health champions. We look forward to continuing to share research and evidence about the issues people at foodbanks face and what works to inform effective policy solutions.
RECOMMENDATIONS:

Claiming PIP and ESA:

a) More support, advice, and advisors, to mentor people through the claims and appeals process.

b) Making the application process for ESA and PIP more accessible by changing terminology, and offering simple guidelines to explain what the new benefit involves.

c) More access for people with disabilities and health conditions to speak to a real person about their claim - if people are vulnerable they need to see a person rather than a computer.

d) More local support to include people who are less digitally literate.

e) A review of application forms and terminology, WCA and work allowances.

f) Increased opportunity for ESA and PIP assessments to be available locally.

h) Review and uplift ESA and PIP payment rates so that people with additional barriers/needs are not trying to subsist on the same income as people on JSA.

i) Review the benefits freeze

Support and Advice:

j) Clearer and simpler DWP guidance notes online for agencies and charities for reference.

k) Combining health advice with welfare advice, with at least one mental health advisor for each Jobcentre and PIP assessment staff trained in identifying mental health conditions.

l) Increase access to the appeals process e.g. funding for welfare advisers to sit with people during court proceedings who would not otherwise go through with it.

m) A sustainable livelihoods approach, where people are given holistic, full-journey support.

n) Retraining or rehabilitation for people who worked in manual labour or physically demanding jobs before having an accident or becoming ill.

o) Free access to counselling for low-medium level mental health.
APPENDIX

Foodbanks’ response to Specific Questions in Work, health and disability green paper: improving lives Consultation

Co-location of services

Foodbanks felt there were many benefits to co-location of services:

- A one stop shops mean people are more likely to access the range of services they need not just the emergency food parcel
- It increases uptake of further support, particularly for people with mental health issues who struggle to go to new places, and improves communication between support agencies to ensure consistency in support.
- When an advice agency is able to sit within a foodbank centre, many people are helped ‘immediately’ at the point of crisis
- Cost of going to different locations and on different days is an expense to people on low incomes
- People will access services and help in places where they feel comfortable, and foodbank centres are often places where people feel welcomed and listened to

Effective support

Foodbanks provided a number of thoughts on how support could be made more effective:

- More access to jobs suitable for people with a range of disability needs
- Personalised end-to-end support in navigating the benefits/back to work process from a trusted support charity with the expertise and time capacity to provide individual support.
- Multi-disciplinary teams or co-located services within the distribution centre who can provide immediate help and support. It is important to have a named key-worker for individuals to ensure actions are followed up.
- One organisation that support a holistic approach to helping people is better than giving contracts to offer support to specific groups, possibly with information shared (with
consent) between agencies so people don’t have to explain their situation repeatedly to different people.

- More funding for services, council and charities on the frontline who understand the needs of and difficulties faced by local people
- Joint working with benefits offices/support

Role of different sectors

Foodbanks fed back some thoughts on the role of different sectors in improving support to people with ill mental or physical health:

Local Authorities:

- Could build communication systems with JCP and enable access to information about people’s benefits claims.
- Could increase accessible drop-in services.
- Could advise tenants to overpay on their rent when possible (through budgeting plans etc) so if times get difficult, they have a cushion - e.g. when the person moves onto Universal Credit

Local Health Services:

- Could host an on-site specialist welfare advisers would be helpful, as health staff often lack the time and expertise to provide more holistic support.
- Could increase contact between welfare advisers with understanding of health issues and health professionals, which would aid the information and evidence gathering process for welfare claims.

Jobcentre Plus:

- Could provide better training for staff in working with people with disabilities, particularly mental health conditions.
- Could provide increased discretionary powers for individual workers when trying to support people and flexibility when writing genuinely personalised claimant commitments.
• Could provide increased number of Vulnerable Customer Leads in JCPs.

• Could offer more face-to-face contact, as remote phone / internet systems are often very challenging / intimidating for people with health conditions to navigate.

• Could better advertise the availability of advance payments

Charities:

• Could increase networking and sharing of specialist resources / staff expertise through co-location and communication (such as on-site drop-in workers at foodbank sessions).

• Could offer personalised one-to-one support with named workers. Foodbanks reported finding that some people referred to them are mistrustful of statutory services and prefer the more informal approach often adopted by charities, so some segregation of duties is advisable; however, having a named charity advocate able to co-ordinate support would be helpful.

Should government support the development of effective networks between employers, employees and charities?

The overwhelming majority of respondents were positive but some suggested this would be most effective through supporting the development of organic relationships rather than direct national interventions or incentive schemes.