

# Theme Three: The West Sussex Food System and its Wider Influences

## Chapter 8: Food Poverty and Food Insecurity



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## Chapter 9: Food Poverty & Food Insecurity

This chapter begins by defining food poverty and food insecurity then provides estimates of the scale of these issues in the UK and West Sussex. It then focuses on risk factors and population groups at greater risk of food poverty and insecurity, followed by the impacts of these issues, on both children and adults.

The latter half of this chapter focuses on the response to these issues including food aid and emergency food schemes. There is a detailed overview of current food bank provision, and related interventions, such as surplus food redistribution schemes, government-funded programmes to support diet and nutrition and local food partnerships.

### Summary

#### Food poverty and food insecurity

- Food poverty and food insecurity are often used interchangeably. The United Nations describes food insecurity as existing when people '*do not have adequate physical, social or economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life*'. Food poverty can be similarly defined but is distinct by its specific focus on economic access to food.
- As of January 2025, the Food Foundation's Food Insecurity Tracker finds that 13.9% of UK households have experienced food insecurity within the last 30 days. Household food insecurity has gradually decreased from a peak of 18.4% in 2022, although remains nearly double that of 2020/21 levels.
- National surveys provide slightly lower estimates of food insecurity in the last 30 days (10% of households in 2023/24) and, reflecting longer term experience of food insecurity, find that 20% of households had experienced food insecurity in the last 12 months (in 2024/25).
- Official estimates of food insecurity are not available at a local authority level, although an estimated 3.1% of West Sussex residents live in areas that are at the highest *risk* of food insecurity, equivalent to around 27,350 people.
- Low income is the primary risk factor for food poverty and insecurity. Low incomes have been compounded in recent years by the rising cost of living and its unequal impacts across the population (i.e. lower income households experience above-average inflation rates due to spending a larger proportion of their income on necessities including food).
- Decreasing affordability of a healthy diet also increases the risk of food poverty. Analyses by the Food Foundation find that healthier foods cost more than twice as much as less healthy foods and that this gap is widening. To afford the nutritional recommendations of the Eatwell Guide, the most deprived 20% of households need to spend four-times as much

of their disposable income on food, compared to the least deprived 20% of households.

- Risk factors for food insecurity also include the availability and accessibility of food, including physical access to food shops, and whether an individual or household has the ability or opportunity to prepare food.
- Population groups at increased risk of food insecurity include low-income households, households with children (particularly in single parent/carer households), people with disabilities, ethnic minorities, and people who are in insecure housing or homeless.
- For both children and adults, food poverty and insecurity are associated with poorer physical health, mental health and social wellbeing.
- Food insecurity increases the risk of poor diet and nutrition, which is more likely to lead to overweight and obesity in adults and adolescents than it is to underweight.

## **Food banks**

- Food banks provide emergency food aid to those experiencing food poverty. Not everyone who experiences food poverty will access a food bank, so the usage and distribution of food banks should not be used as a proxy indicator for food poverty or insecurity.
- In the UK, there are two main networks of food banks: the Trussell Trust and the Independent Food Aid Network (IFAN).
- In West Sussex, there are eight Trussell Trust food aid providers spread across 24 locations and four independent food banks (registered with IFAN). Opening days and times are generally limited across these food bank providers in West Sussex, and only one location is open for a limited period at weekends.
- In 2023/24, national surveys found that 3% of UK households used a food bank at least once in the last 12 months and 1.5% in the last 30 days.
- Income or debt is by far the most frequently reported reason for a Trussell Trust food bank referral in the UK (71% of referrals), followed by health issues (22%) and issues with benefits (18%).
- Nationally, the Trussell Trust and IFAN report increasing demand for food parcels over the past several years, including increases in the number of first-time users.
- Local Citizens Advice data for food bank referrals reflects these rising trends and highlights the summer months and school holidays as periods with particularly high demand.
- Population groups who access food banks at the greatest rates largely match the population groups who are most at risk of food security. However, some at risk groups are relatively under-represented in food bank referrals, including people of ethnic minorities.
- Barriers to accessing a food bank include individual factors, such as perceived stigma, feelings of shame and lack of privacy, and practical

factors, such as food banks requiring a referral, physical location and accessibility, and restricted or inconvenient opening times.

- Some people may not access food banks because they are supported by networks of family, friends and cultural or religious communities, or they have access to alternative models of food aid or support.

## **Alternative sources of food aid or support**

- Surplus food redistribution schemes sell surplus food at low or nominal prices. Generally, referral is not required and there are not restrictions on numbers of visits.
- Common models of surplus food redistribution schemes include social supermarkets, community food hubs/clubs and community kitchens.
- In 2024, national surveys found that 5% of households in the UK used a social supermarket, food club/hub or community pantry in the last 12 months. Use was higher in people experiencing low and very low food insecurity (9% and 21%, respectively).
- Despite greater need of food redistribution schemes in people experiencing food insecurity, there is a gap in awareness of these schemes between those with high food security (10% not aware) and those with very low food security (21% not aware).
- In West Sussex, each of the seven districts and boroughs has a monthly Community Food Hub where residents can collect a shopping bag's worth of surplus food, including fruit, vegetables, carbohydrates and protein, for an optional donation of £3.50 per household.
- The Community Food Hubs also provide regular "wrap-around support" for other issues, via external agencies such as Citizens Advice, Wellbeing Hubs and others.
- Evaluation of the Community Food Hubs shows that the Hubs have helped to reduce food waste and to improve food security, nutrition and wellbeing in those accessing them.
- Various government-funded interventions support people with low incomes to access healthy and nutritious food, many of which are targeted towards the early years or children and young people. These include NHS Healthy Start, free school meals, the Holiday Activity and Food Programme and school breakfast clubs.
- The government-funded 'Household Support Fund' (HSF), distributed by councils, also provides funding to support vulnerable households with essentials, such as food, clothing, and utilities.
- The West Sussex Community Hub administers the application-based element of the Household Support Fund, with successful applicants receiving a supermarket voucher of £50 to £75, depending on the size of their household. For the most recent tranche of funding (HSF-6), most requests for support were from those in urgent need of food supplies (90.6%), with over half of these made by households with children (61%).
- Local food partnerships can play an important role in addressing food insecurity and poverty in local communities, alongside wider issues such

as food production and sustainability. There are three food partnerships across West Sussex.

## Defining food poverty and food insecurity

### Food poverty

There is no single or universally accepted definition of food poverty, although most definitions of food poverty have commonalities in covering dimensions of economic access, nutritional quality, quantity, duration and social acceptability. A review of different food poverty definitions presents a helpful conceptual framework that encompasses each of these dimensions, defining food poverty as: *the insufficient economic access to an adequate quantity and quality of food to maintain a nutritionally satisfactory and socially acceptable diet*<sup>1</sup>.

Acquiring food in a “socially acceptable” way means food is acquired without the need to resort to emergency food supplies, scavenging, stealing, or other coping strategies<sup>2</sup>.

### Food insecurity

Food poverty is often used interchangeably with food insecurity. Food insecurity also has no single definition, although the United Nations has broadly described food insecurity as existing when people: *do not have adequate physical, social or economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life*<sup>3</sup>. Food insecurity is a complex and multi-dimensional phenomenon, which may vary in duration and severity<sup>4</sup>.

Although food poverty is generally used synonymously with food insecurity, the distinction lies in the central component of food poverty being a lack of *economic* access to food<sup>5</sup>. This corresponds with the income-based definitions that are typically used to measure overall poverty, which categorise people as being in poverty if they fall below a threshold of household disposable income<sup>6</sup>.

Where the academic and grey literature provide estimates of household access to food, food security is measured far more commonly than food poverty. The most widely used tool to measure food insecurity, developed by the US Department for Agriculture (USDA), splits food security and insecurity into four categories, which show increasing levels of severity<sup>7</sup>:

- **High food security:** no reported indications of food-access problems or limitations.
- **Marginal food security:** one or two reported indications, typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake.
- **Low food security:** reports of reduced quality, variety or desirability of diet. Little or no indication of reduced food intake.
- **Very low food security:** reports of multiple indications of disrupted eating patterns and reduced food intake.

Food insecurity is indicated by the latter two categories of low and very low food security. The variety and severity of experiences encompassed within food insecurity should be noted: whilst those with low food security may reduce the quality of their diet in response to difficulties with accessing food, those with very low food security may go hungry, without any food at times.

## Scale of food insecurity

### Food insecurity in the UK

Data quantifying the scale and distribution of household food insecurity across the UK have only been regularly and routinely collected in recent years. This was prompted by the impact on household incomes of years of austerity<sup>8,9</sup> and several more recent shocks to the UK and global economy (including the COVID-19 pandemic, the war in Ukraine and the high levels of inflation seen since 2021)<sup>10</sup> have become apparent.

Older, single surveys of household food insecurity in the UK show that food insecurity is not a new phenomenon, particularly amongst at-risk population groups. Although levels of food insecurity have risen markedly over time particularly amongst at-risk groups. Between 2004 and 2016, for example, the probability of low-income adults being food insecure rose from 27.7% to 45.8% in the UK (excluding Scotland)<sup>11</sup>.

The most recent official government estimates of household food insecurity in the UK come from two national surveys. These surveys collect data from a nationally representative sample of the population in the UK or the UK excluding Scotland. Neither provides estimates at the West Sussex level. Both surveys use similar questions and categories to the USDA tool for measuring food insecurity although they use different recall periods:

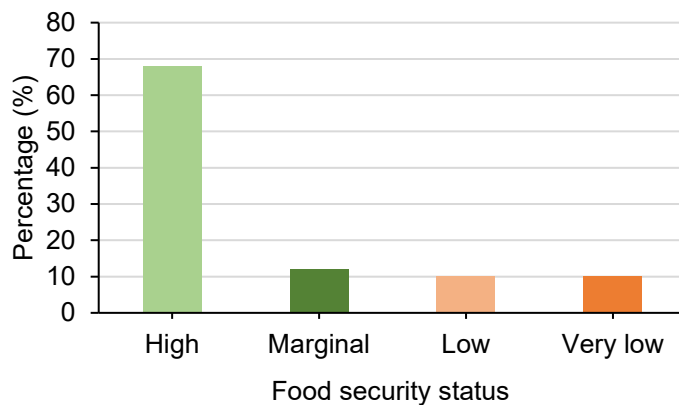
- The annual Family Resources Survey (FRS): this began collecting data on household food insecurity in the UK in 2019/20 and records food insecurity experienced within the last 30 days (preceding the survey)<sup>12</sup>.
- The biannual Food and You 2 Survey (F&Y2): this has collected household food insecurity data in England, Wales and Northern Ireland since the survey began in 2020 and records food insecurity experienced within the last 12 months (its predecessor, the Food and You Survey, began collecting data on household food insecurity in 2016)<sup>13</sup>.

These surveys should not be directly compared because of differences in methodology, although they each provide useful information about experiences of food insecurity at different time horizons. The recall periods used in each survey differ with the FRS asking about food insecurity experienced in the last 30 days and the F&Y2 survey asking about food insecurity experienced in the last 12 months. The FRS reflects more immediate food insecurity, experienced in the short-term, whilst the F&Y2 survey reflects longer term experiences of food

insecurity. This is reflected in the difference in the size of their estimates of food insecurity.

In 2023/24, the FRS found that 10% of UK households experienced food insecurity in the last 30 days, with 5% experiencing low household food security, and another 5% experiencing very low household food security. In the Southeast, food insecurity was slightly lower than the national average, at 4% low and 4% very low food security<sup>14</sup>.

Taking a broader view of food insecurity experienced in the last 12 months, the five F&Y2 surveys (waves 6-10) that were conducted between 2022 and early 2025 recorded higher levels of food insecurity. In the first three of these, 24-25% of UK households (excluding Scotland) experienced food insecurity in the last 12 months; in the two most recent surveys (waves 9 and 10), this percentage was slightly lower, at 20-21%<sup>15</sup>. In the most recent survey, 10% of households experienced low food security and 10% experienced very low food security in the last 12 months (Figure 1)<sup>16</sup>.



*Figure 1. Household food security status in the last 12 months in England, Wales and Northern Ireland, 2024/25. Data source: Food and You 2 survey (wave 10), Food Standards Agency.*

Both the FRS and F&Y2 survey show that food insecurity has overall risen in the years since data collection began.

These official government statistics are supplemented by the Food Foundation charity's bi-annual Food Insecurity Tracker survey, which also uses questions from the USDA food insecurity measurement tool and records food insecurity experienced within the last 30 days<sup>17</sup>. These estimates are limited by the self-selected nature of the sample, which is recruited via the YouGov survey platform. However, given the relative volatility of the economy and changing rates of inflation in recent years, the tracker is useful in providing the most up-to-date estimates of food insecurity in the UK.

As of January 2025, Food Foundation's Food Insecurity Tracker found that 13.9% of households in the UK had experienced food insecurity within the last 30 days. Household food insecurity has gradually decreased from a peak of

18.4% in 2022, although has plateaued over the last year and remains nearly double that of 2020/21 levels.

## **Food insecurity in West Sussex**

Official estimates of food insecurity are not available at a local authority level, meaning that the extent of food insecurity in West Sussex is not known. However, the *risk* of food insecurity can be estimated at local authority level, using a composite index which considers several risk factors for food insecurity at a local level. These risk factors include the numbers of households with low income, either living alone or with dependent children; those claiming benefits; those with no educational qualifications; those with mental ill-health; and household distance from medium/large grocery stores.

Overall, West Sussex ranks favourably compared to similar local authorities and to local authorities across England, with an estimated 3.1% of residents living in areas at highest risk of food insecurity, equivalent to around 27,350 people (as of 2022). Although relatively few people live in these high-risk areas in West Sussex overall there is variation within the county. In Mid Sussex, Horsham and Chichester, there are no residents living in areas at highest risk of food insecurity. In contrast, there are higher estimates of the population living in areas at highest risk of food insecurity in Arun (7.1%), Crawley (6.8%) and Adur (6.8%), and a relatively small proportion in Worthing (2.6%)<sup>18</sup>.

## **Risk factors for food poverty and insecurity**

### **Income and food affordability**

#### **Income**

As with overall poverty, low income is the predominant risk factor for experiences of food poverty. Being on a low income may result in households not being able to afford to buy enough food or not being able to afford food that is of sufficient nutritional quality. Being on a low income may also limit access to food due to the cost of travel/transport to shops or costs of delivery<sup>19</sup>.

#### **Food affordability and cost of living**

The affordability of food contributes to food poverty, particularly when food inflation (and inflation of other essential items) outstrips income inflation. In recent years, steep rises in inflation in the UK have increased the overall cost of living, which has significantly reduced the affordability of everyday essentials for many households. Between May 2021 and May 2024, food prices increased by 30.6%. In contrast, it took more than four-times as long for average food prices to rise by the same percentage prior to the onset of the current cost of living crisis (13 years from January 2008 to May 2021)<sup>20</sup>.

Food and non-alcoholic beverage price inflation has fallen to 4.5% (12-month inflation rate, as of June 2025) from its peak of 19.2% in March 2023<sup>21</sup> (Figure 2). Although the rate of inflation has slowed, continuing price rises

continue to affect the food security of the population. ONS regular surveys tracking public opinion show a large proportion of the population continue to report increases in the cost of living. In January 2025, 56% of survey respondents reported an increase in the cost of living, compared to the previous month. Of these, nearly nine in ten reported an increase in the price of food shopping (89%) and 39% reported spending less on food shopping as a response<sup>22</sup>.

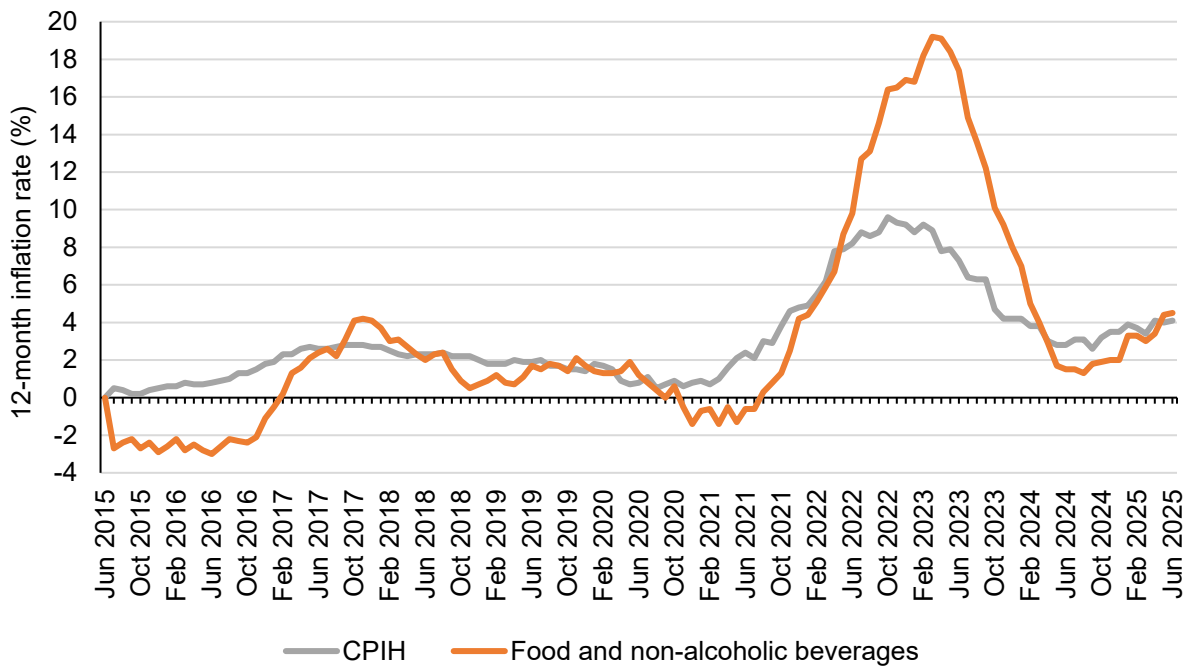


Figure 2. 12-month inflation rates of food and non-alcoholic beverages and CPIH (Consumer Prices Index including owner occupiers’ housing costs), June 2015 to June 2025, UK. Data source: Office for National Statistics.

### Inequalities in the rising cost of living

Whilst all households in the UK are subject to inflation-related price rises, the rate and impacts of inflation are felt unequally across the population, due to differences in spending patterns by income level<sup>23</sup>. In general, households with the lowest incomes experience inflation rates that are above the average and the highest income households experience inflation rates below the average. This is because lower income households spend a larger proportion of their income on necessities, such as food, bills and rent, so are relatively more affected when the price of these necessities increases<sup>24</sup>.

Compared to other necessities, food budgets are relatively elastic, meaning that higher priced goods can often be traded down for cheaper alternatives and that non-essential foods (e.g., treat foods) can be cut back on<sup>25</sup>. However, lower income households are more likely to *already* be purchasing the least expensive foods, meaning that, when food prices increase, they are unable to trade down any further and may instead go without<sup>26</sup>.

The negative impact of food price inflation on the quantity and nutritional quality of diets in UK households is apparent in the responses to the Food Foundation’s Food Insecurity tracker and the F&Y2 surveys. As of January 2025, the Food Foundation found that 12.6% of households reported eating smaller meals than usual or skipping meals and 4.6% reported not eating for a whole day as they were unable to afford or otherwise access food<sup>27</sup>.

Data from the F&Y2 survey further show how a large proportion of households have reported worries around, and experience of, not having enough money to buy food or being unable to afford to eat balanced meals. Of those who experienced very low food security in the last 12 months in late 2024/early 2025 (survey wave 10), over 90% reported worries around, and experience of, not having enough money to buy food or being unable to afford to eat balanced meals. Over 80% of those who experienced low food security in the last 12 months also reported worries and difficulties with affording food and balanced meals. Most respondents who were categorised as being food secure did not report any worries or difficulties around affording food. However, around 15% of those categorised as food secure experienced marginal food security and a large proportion of these reported worries of not having enough money to buy food (54%) and experience of being unable to afford to eat balanced meals (48%) (Figure 3).

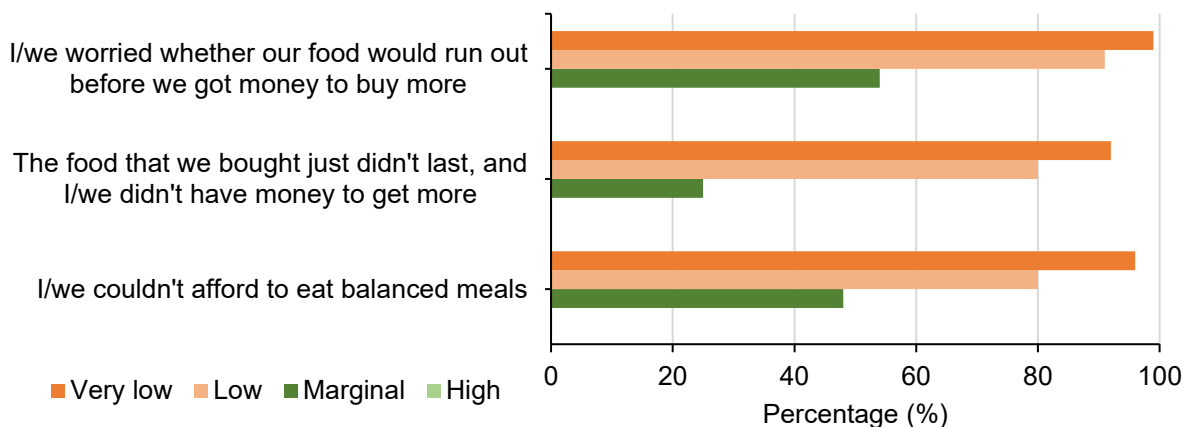


Figure 3. Experiences of food insecurity by household food security status in the last 12 months in England, Wales and Northern Ireland, 2024/25. Data source: Food and You 2 survey (wave 10), Food Standards Agency.

### Decreasing affordability of a healthy diet

Although food prices overall have increased, there is a widening gap between the affordability of a healthy diet, as per the government’s nutritional recommendations, and the affordability of less nutritious foods. An analysis of food prices by nutritional value shows that healthier foods cost more than twice as much as less healthy foods, per calorie, and that this gap is widening. Between 2022 and 2024, the price of healthier foods increased by 21%, which was nearly double the increase in the price of less healthy foods (11%)<sup>28</sup>.

The affordability gap for a healthier diet is particularly acute for low-income households, who already spend a proportionally greater amount of their income on food (and other essentials) compared to higher income households. To afford the government nutritional recommendations of the Eatwell Guide, the most deprived 20% of households need to spend 45% of their disposable income (after housing costs) on food. This is four-times the proportion of income needed to afford a healthy diet for the least deprived 20% of households (11% of disposable income after housing costs)<sup>29</sup>.

Current difficulties with affording a balanced diet are evident in the F&Y2 surveys, which most recently found that 80% and 96% of households with low food security and very low food security, respectively, reported being unable to afford to eat balanced meals (wave 10). Concerningly, nearly half of those experiencing marginal food security – who were categorised as being food secure – also reported being unable to afford to eat balanced meals (Figure 3). This latter finding highlights the current widespread risk of nutritionally inadequate diets across UK households, even amongst those who are seen to be food secure.

## **Availability and accessibility of nutritious food**

Food security can be affected by the availability of food within the overall food system. Although not a common issue in the UK, food shortages – such as those seen in the lead-up to and initial weeks of the COVID-19 lockdown – may limit the quantity and quality of foods that people can access.

Physical access to food shops can also affect food security. Physical access may be limited by where people live, which may affect the variety and quality of shops within walking distance or accessible by private or public transport. People living in more deprived urban areas may live in 'food deserts', which are characterised by few shops that sell healthy or nutritious food within the nearby area<sup>30</sup>, whilst those living in rural areas may have to travel long distances, including reliance on more limited public transport, to reach food shops.

Less mobile individuals, such as disabled people and older people, or those with other disabilities may also experience difficulties in physical access to shops. A 2022 ONS survey found that disabled people in Great Britain report more difficulties accessing groceries, compared to non-disabled people (25.0% of disabled respondents, compared to 10.5% of non-disabled respondents) and are more likely to report barriers to accessing products or services. Barriers include the lack of places to rest and difficulties using transport, navigating pavements, getting into or moving around buildings and accessing toilets<sup>31</sup>.

Older adults may experience similar barriers to food shopping, which can accumulate to increase vulnerability to food insecurity. In addition to greater reliance on public transport or taxis to access food shops, and the difficulties that this may entail, older adults may face 'everyday trivia' barriers to being

food secure, including factors <sup>32</sup>lack of seating and accessible toilets in supermarkets.

Factors affecting the availability and accessibility of nutritious food are further discussed in Chapter 6: Availability and Access.

## **Ability to prepare food**

Food security can be affected by whether an individual or household has the ability or opportunity to prepare food, including nutritionally adequate food. Various factors can inhibit or preclude the ability to prepare food, including:

- disabilities,
- lack of infrastructure to store and prepare food,
- the energy costs of cooking,
- lack of time to cook, and
- lack of skills to cook<sup>33</sup>.
- Many of these factors are discussed in the following section, which describes populations at increased risk of food poverty or insecurity.

## **Population groups at risk of food poverty and insecurity**

### **Low income and households in poverty**

As food poverty is predominantly caused by low income, households who have a low income or are in poverty are clearly more at risk of experiencing food poverty and insecurity. This risk has become more acute for low-income households in the UK over the last 15 years, with a systematic review identifying a clear link between the austerity measures and welfare reforms from 2010 and increasing food insecurity<sup>34</sup>. As outlined above, the rising cost of living in more recent years has further compounded this tightening of welfare provision and exposed many more households to the risk of food insecurity.

Food insecurity in UK households by several indicators of income are provided below. There are additional income differences between certain groups in the UK, including between people who are disabled and not disabled, and between different ethnic groups<sup>35</sup>. These income inequalities are explored in detail later in this section.

### **Food insecurity by income in the UK**

The positive relationship between income and food security is demonstrated by the FRS, which shows increasing food security with increasing income (Figure 4). In 2023/24, amongst households with a gross weekly income of less than £200 (income of up to £10,400 per year), the prevalence of food insecurity in the last 30 days was 21%, with 10% of households experiencing low food security and 11% experiencing very low food security. This prevalence of food insecurity is seven-times greater compared to households with a gross weekly income of £1,000 or more (income of £52,000 or more per year), for whom 3% were food insecure.

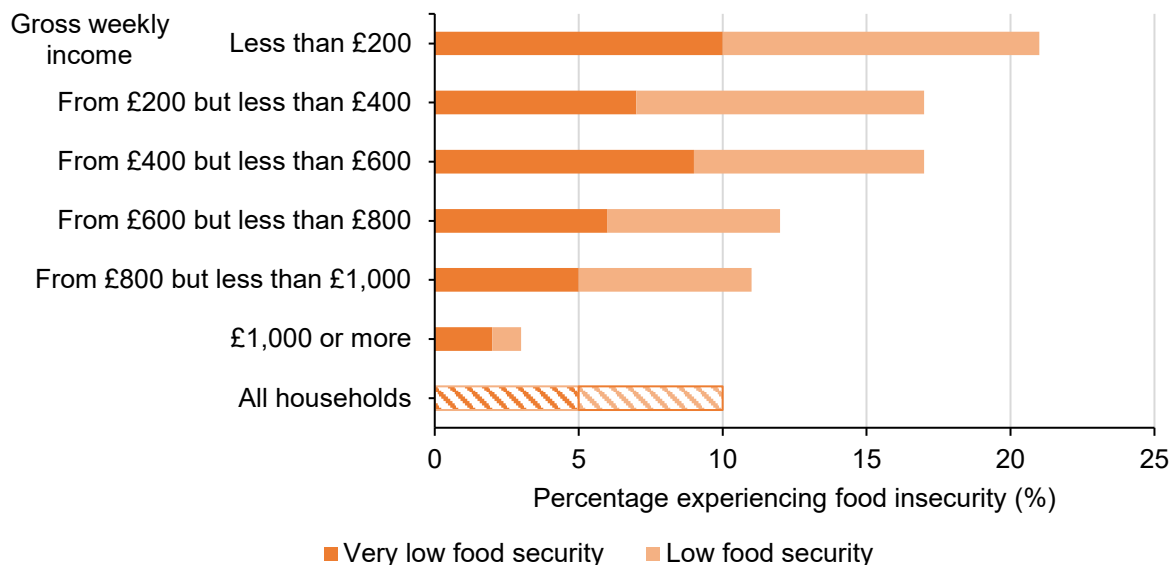


Figure 4. Food insecurity in the last 30 days by total gross weekly income in UK households, 2022/23. Data source: Family Resources Survey, Department for Work and Pensions.

### Food insecurity by receipt of income-related benefits in the UK

Data from the 2023/24 FRS show that the prevalence of food insecurity in the last 30 days is three-times higher amongst households receiving any income-related benefit, compared with all households, at 31% and 10% of households, respectively. Food insecurity experienced in the last 30 days is highest amongst households receiving Income Support (43%) and Universal Credit (40%).

### Food security by socioeconomic grouping in the UK

Socioeconomic grouping can be used as a proxy for income. Data from the F&Y2 survey shows greater food insecurity amongst those of lower socioeconomic groupings, with 59% of those who are long-term unemployed or have never worked experiencing food insecurity in the last 12 months (2024/2025, survey wave 10). Amongst those who are employed, food insecurity is highest for those in semi-routine and routine occupations, with 62% of this group experiencing food insecurity in the last 12 months (Figure 5). NB: in previous waves of the F&Y2 survey, the proportion of those in semi-routine and routine occupations who had experienced food insecurity was lower (33-37% in waves 6-9); it is possible that the jump in food insecurity reported in the wave 10 survey is a 'blip' or data ano.



Figure 5. Experiences of food insecurity in the last 30 days by socioeconomic grouping in England, Wales and Northern Ireland, 2024/25. Data source: Food and You 2 survey (wave 10), Food Standards Agency.

### Low income and poverty in West Sussex

In West Sussex, the median gross weekly income is £746 (lower than the South East but higher than England overall). Male full-time workers earn over £110 more per week than female full-time workers, at £792 and £679, respectively.

Approximately 3% of the working age population (aged 16-64 years) of West Sussex claim out-of-work benefits, equivalent to 16,490 residents aged 16+ years (in March 2025).

After housing costs (AHC), an estimated 44,980 children were living in relative poverty in West Sussex in 2022/23. Although most areas in West Sussex had a lower or similar percentage of children living in relative poverty AHC compared to the UK (30%), in Crawley, 34.4% of children were living in relative poverty AHC.

By geography, coastal towns in West Sussex have a higher proportion of their population living in the most deprived areas than non-coastal towns, with large gaps between coastal and non-coastal towns on the income and employment domains of the Indices of Multiple Deprivation. Inequalities in income by geography are also seen in the higher proportion of pupils who are eligible for free school meals that attend coastal schools (17.4% in 2022/23), compared to non-coastal schools (14.7%) and more coastal households accessing local authority cost of living grants than non-coastal households (via the Household Support Fund, described later in this chapter)<sup>36</sup>.

## Households with children

### Scale of food insecurity amongst households with children in the UK

Data from the 2023/24 FRS show that the prevalence of food insecurity amongst all UK households with children is higher than that of UK households without children, at 16% and 8%, respectively (Figure 6). This inequality is much wider for single parent/carer households, however, with 33% of single parent/carer households experiencing food insecurity in the last 30 days (14% low food security and 18% very low food security). This gap is widest amongst single parent/carer households with three or more children, 42% of whom reported experiencing food insecurity in the last 30 days, with nearly three-quarters of these experiencing very low food security (i.e., disrupted eating patterns and reduced food intake).

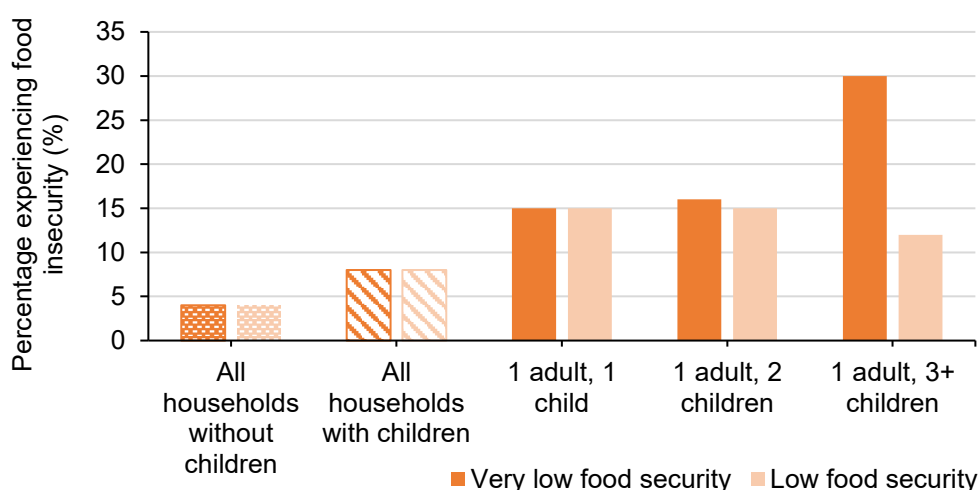


Figure 6. Food insecurity in the last 30 days by households with and without children in the UK, 2023/24. Data source: Family Resources Survey, Department for Work and Pensions.

The F&Y2 survey similarly shows greater prevalence of food insecurity amongst households with children, particularly amongst households with young children. Over a 12-month period, 31% of households with children under 6 years and 29% of households with children under 16 years reported being food insecure, compared to around 16% of households without children (2024/25, survey wave 10).

### Households with children in West Sussex

As of the 2021 Census, there were approximately 101,105 households in West Sussex with dependent children, representing 27% of all households. Mid Sussex, Horsham and Arun had the highest estimated numbers of households with dependent children (approximately 18,975 households, 16,785 households and 16,760 households, respectively), whilst Adur had the lowest number (7,500 households).

Approximately 20,455 households were formed of a single parent and their child(ren), representing 20.2% of all households with dependent children in West Sussex (and approximately 5.5% of all household types). Arun, Crawley and Horsham had the highest number of single parent households, at approximately 3,785 households, 3,530 households and 3,120 households, respectively<sup>37</sup>.

## **People with disabilities**

### **Scale of food insecurity amongst disabled people in the UK**

Data from the FRS and the F&Y2 surveys show that household food insecurity is more prevalent in households with disabled adults or those living with long-term conditions. In 2023/24, the FRS found that 16% of UK households with one or more disabled adults experienced food insecurity in the last 30 days, with 7% experiencing low household food security and 9% experiencing very low household food security (6% of households with no disabled adults experienced food insecurity in this time). Over a 12-month period, 30% of respondents to the F&Y2 survey who had a long-term health condition reported being food insecure compared to 15% of those without a long-term health condition (2024/25, survey wave 10).

Although estimates are not broken down by disability type in official statistics, studies also highlight the greater risk of food insecurity amongst people who have severe mental illness (SMI). A systematic review estimates a 40% prevalence (95% CIs 29-52%) of food insecurity amongst people with SMI and a 2.71-times higher likelihood (95% CIs 1.72-3.25) of food insecurity compared to the general population<sup>38</sup>.

A UK study also shows that having more than one disability is associated with higher odds of food insecurity, with each additional disability increasing the likelihood of food insecurity<sup>39</sup>.

### **Disability in West Sussex**

In West Sussex, 148,900 people reported being disabled in the 2021 census, equivalent to 16% of the West Sussex population (age-standardised).

### **Risk factors amongst disabled people**

People with disabilities experience numerous disadvantages which increase their risk of food poverty and insecurity, compared to the general population. In addition to difficulties in physically accessing food shops and preparing food (as outlined previously), people with disabilities face additional economic risk factors for food poverty:

- Compared to the general population, disabled people experience the dual disadvantage of the 'disability employment gap' and the 'disability pay gap'. Disabled people are less likely to be in employment than the general population, with around half of disabled people being employed (54.7% of

disabled 16-64 year-olds in 2023/24), compared to around 80% of non-disabled people<sup>40</sup>. Of those who are in work, disabled people are also more likely to earn less than the general population, with average pay £2 less per hour, equivalent to a 12.7% pay gap<sup>41</sup>.

- Disability often comes with additional day-to-day costs that are needed to manage the disability and mitigate its impacts. These may include the costs of assistive equipment, care and therapies, alongside greater everyday costs for heating, food and transport. Of note to this food and nutrition needs assessment, meeting the specific dietary requirements that may be associated with disability may be more expensive than a non-specialist diet. The cost of convenience foods, which disabled people may rely on more due to difficulties in food preparation, is also greater than home-prepared meals<sup>42</sup>.
- Disabled people tend to be less financially resilient than the general population and as disabled people spend a greater portion of their income on energy and food they have been acutely affected by the rising cost of living in recent years<sup>43, 44</sup>.

Families with disabled children may also be at greater risk of food insecurity. As with adults, the greater costs associated with managing disabilities may put a strain on household finances, whilst the caring responsibilities of parents of disabled children may affect access to work and income. Access to free school meals may also be reduced for eligible children with disabilities, because free school meals may not meet their dietary requirements or sensory processing difficulties or disabled children may not be in school (e.g., due to long-term illness or being home educated etc.)<sup>45</sup>.

## **Ethnic minorities**

### **Scale of food insecurity amongst different ethnic groups in the UK**

In general, UK households with people of minority ethnicities as their head are more likely to report food insecurity in the last 30 days compared to households with people of White ethnicity as their head. Between 2021 and 2024, the FRS found that food insecurity was highest amongst those of Black, African, Caribbean and Black British (22%) and Arab (21%) ethnicities and lowest amongst those of White (8%), Indian (7%) and Chinese (2%) ethnicities (Figure 7). NB: data from the F&Y2 survey are not reported by ethnicity here due to small sample sizes.

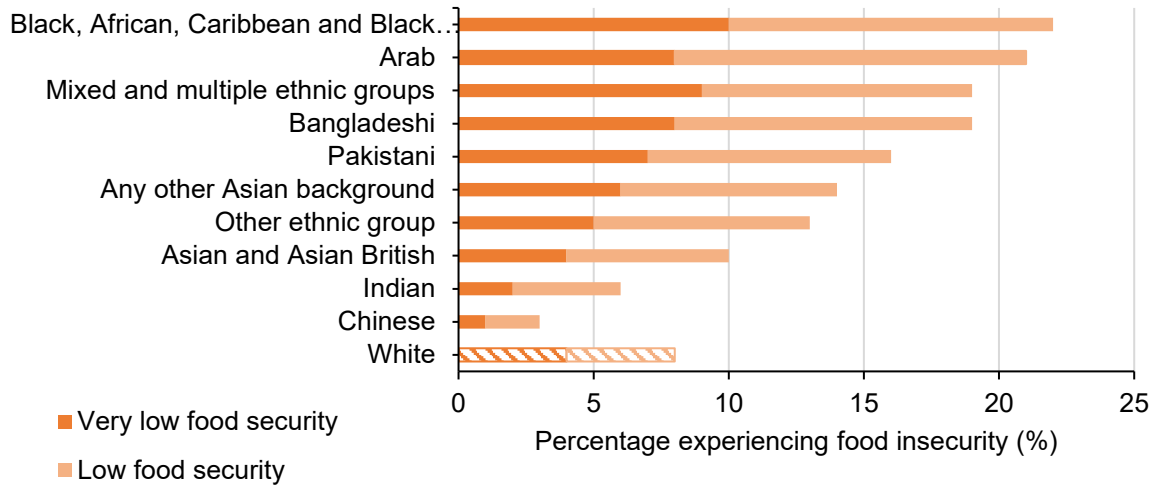


Figure 7. Food insecurity in the last 30 days by ethnicity of the household head in the UK, 2023/24. Data source: Family Resources Survey, Department for Work and Pensions.

### Ethnic groups in West Sussex

In West Sussex, 9.0% of the population identified as a minority ethnicity (i.e., non-White ethnicity) in the 2021 census, equivalent to 79,150 people. Crawley is by far the most ethnically diverse area, with 38.2% of the Crawley population identifying as a minority ethnicity in 2021.

### Risk factors amongst ethnic groups

Higher food insecurity amongst people of some ethnic minorities likely relates to the differences in average incomes that are seen by ethnicity. Indeed, the ethnic groups with the lowest prevalence of food insecurity mirror those with the highest average income, these being people of Indian, White and Chinese ethnicities. People of Bangladeshi, Pakistani and Black African, Caribbean and Black British ethnicities have the lowest average incomes. These ethnic groups also have the greatest percentage of people in the bottom fifth of incomes (e.g., 43% of people of Bangladeshi ethnicity compared to 18% of people of White ethnicity)<sup>46</sup>.

## Insecure housing and homelessness

### Housing tenure

By housing tenure, data from the 2023/24 FRS show a higher level of food insecurity amongst those living in the social rented and private rented sectors in the UK, with 31% and 17% experiencing food insecurity, respectively, compared to 3% of those who own their home. This highlights the greater risk of precarity experienced by those who do not own their home.

### Types of homelessness

Homelessness is not one single situation, nor are all types of homelessness alike. People experiencing homelessness include those who are rough sleeping, sofa-

surfing with friends or family, or living in temporary accommodation. Temporary accommodation may be provided on an emergency basis, such as placements in hotels and bed and breakfasts (B&Bs), or on a longer-term basis, including placements in hostels or in self-contained privately managed properties or local authority/housing association properties.

Although people experiencing homelessness are often referred to as one homogeneous group, differences in the living situations of people experiencing homelessness may affect the extent to which homelessness increases the risk of food insecurity or the nutritional adequacy of their diet (alongside other health and wellbeing risks). For example, the facilities and resources that are available in these different situations may vary.

### **Scale of food insecurity amongst people experiencing homelessness in the UK**

Data capturing the extent of food insecurity amongst people currently experiencing homelessness in the UK is not routinely recorded. Few estimates are available in the academic literature, although one recent study estimates a 61.5% prevalence of food insecurity amongst people residing in hostels in London, with 44.0% of this sample experiencing very low food security<sup>47</sup>. Estimates of food insecurity amongst those residing in other types of temporary accommodation, including statutorily provided temporary accommodation, are not available.

### **Homelessness in West Sussex**

As of June 2024, there were 1,666 households in temporary accommodation arranged by local authorities in West Sussex. Nearly half of West Sussex households in temporary accommodation had dependent children (800 households). Although most households living in temporary accommodation were in self-contained accommodation, over a quarter were living in B&Bs (27.9%). Of those households placed in B&Bs, 7.1% had dependent children, equivalent to 33 households with dependent children<sup>48</sup>.

The most recent annual rough sleeping snapshot estimated that there were 62 people sleeping rough in West Sussex on a single night in autumn 2024<sup>49</sup>.

People in unstable living situations, whether that be rough sleepers or individuals or families living in temporary accommodation, often experience a lack of control or choice in their diet<sup>50</sup>. People experiencing homelessness report an awareness of the importance of a healthy diet and a desire to follow a healthy diet<sup>51,52</sup>. However, during a period of homelessness, people may experience two key barriers that limit dietary choice and affect food security: limited or lack of facilities to prepare and store food, and lack of income to afford food, leading to dependence on food aid or charities, as outlined below.

For many people experiencing homelessness, both unhoused and housed, access to facilities to prepare and store food may be non-existent. For those living in temporary accommodation, some facilities may be provided, although these may be limited to one or more of a fridge, freezer, cupboards, or a kitchen shared with other residents. Even amongst those who do have some access to food

preparation and storage facilities, access may be limited by factors such as: a lack of equipment; restricted kitchen opening times and queues; unlockable cupboards and fridges/freezers and the risk of theft; interpersonal conflicts or tensions with other residents, leading to avoidance; and invasive CCTV. Limited or lacking facilities for food preparation and storage may constrain the food choices that individuals or families experiencing homelessness have, leading to a reliance on ready-to-eat or takeaway foods<sup>53, 54, 55, 56, 57, 58</sup>.

For families with children, limited or lacking facilities can also affect infant-feeding (both breastmilk and formula milk), as there may be difficulties with hygienic preparation and storage of milk, and lack of privacy<sup>59</sup>.

Lack of income to afford food further constrains food choices and may lead to dependence on food aid or charities<sup>60, 61</sup>. Despite the good intentions of such schemes, people experiencing homelessness in the UK report that the content and quality of food provided by charities can be variable and irregular (i.e., dependent on what the charity has received or is able to purchase via donations)<sup>62</sup>.

At a local level, recent engagement work by Healthwatch and Crawley Local Community Network with West Sussex residents living in temporary accommodation reflects these issues. West Sussex residents living in temporary accommodation reported difficulties maintaining healthy behaviours due to the lack of facilities to cook and store food, and the effect of these restrictions for those with specific dietary needs, alongside rubbish and mess left by other residents<sup>63</sup>.

## **Impacts of food poverty and insecurity**

Poverty, of which food poverty is one manifestation, is closely linked to inequalities in health, wellbeing and social outcomes across the life-course<sup>64</sup>.

Coping with scarcity and the day-to-day pressure of poverty is also stressful, which may affect health via 'psychosocial pathways'. Repeated or chronic stress has a physiological effect on the body, leading to poor physical health outcomes such as high blood pressure, diabetes and ischaemic heart disease. Long-term stress may also affect how well people are able to make decisions, by creating an additional 'mental load' that affects reasoning ability and may lead to people make decisions that are not in their long-term interests<sup>65, 66</sup>. These psychosocial pathways mean that people experiencing the stresses of poverty are at greater risk of ill-health than their wealthier counterparts, who do not have the additional mental burden and allostatic load of chronic stress.

Food poverty and insecurity are also directly associated with poorer health and wellbeing. Most studies which quantitatively assess the links between food insecurity and adverse health and wellbeing outcomes are based on North American populations, with a relatively small number of studies based on UK populations. Whilst North American studies may provide some insight into the potential health impacts of food insecurity, differences in the food environment and socioeconomic context means that caution is needed in the extent to which these studies are generalised to the UK population. These differences include

food affordability and accessibility, charitable food aid, social welfare provision and cultural eating practices.

Most studies are also cross-sectional, meaning that it is unclear for many outcomes whether food insecurity is a risk factor or a consequence. In some cases, the relationship with food insecurity is complex and may be bi-directional in nature.

## **Impacts on adults**

### **Poor health**

People who experience or are at risk of food poverty are often already in poor health. Those with mental and physical illnesses and other disabilities, for example, are at greater risk of food poverty because they may have lower incomes due to not being able to work or relying on state benefits.

Food poverty or insecurity is also an independent risk factor for worsening health<sup>67</sup> and can exacerbate pre-existing conditions<sup>68</sup>, including for those with specific dietary requirements related to conditions such as diabetes, high blood pressure and gastrointestinal issues<sup>69</sup>.

In the UK, research by the Trussell Trust with users of its food banks and other key informants highlights the acute physical impacts of hunger on day-to-day functioning – including fatigue, dizziness and reduced cognition/decision-making abilities – and the long-term health impacts of a nutritionally inadequate diet, including obesity and reduced immunity<sup>70</sup>.

### **Diet, nutrition and obesity**

Food insecurity is linked to a higher risk of poor diet and nutrition in adults and adolescents<sup>71, 72</sup>. In the UK, a cross-sectional study of working-age adults found food insecure adults were less likely to consume fruit and vegetables compared to food secure adults (odds ratios of 0.59 (95% CI: 0.47-0.74) and 0.68 (95% CI: 0.54-0.86), respectively) and more likely to report unhealthy diets<sup>73</sup>.

Poor diets are also reported in qualitative studies with people experiencing food insecurity in the UK, particularly for those using food banks<sup>74, 75</sup> or experiencing homelessness<sup>76</sup>. Limited incomes or limited abilities to prepare food mean that people experiencing food insecurity may rely on cheaper or convenience foods that tend to be energy-dense and nutrient-poor. For those relying on food banks (discussed later in this chapter), although food banks have been shown to improve overall food security and the nutritional intake of users, food parcels are inconsistent in meeting nutritional requirements and may be limited in the quality, variety and choice of food provided<sup>77</sup>. An analysis of food parcels provided by food banks in the UK found that the food parcels exceeded energy requirements (for the time they were intended to be consumed over) – but that this was because they contained disproportionately high levels of sugars and carbohydrates, relative to UK nutritional guidelines<sup>78</sup>. Food bank users in London also report difficulties in maintaining a healthy diet from food parcels, with some noting that food parcels may not meet tastes or cultural preferences<sup>79</sup>.

Amongst food insecure adults, reviews find that poor diet and nutrition is more likely to lead to overweight and obesity than it is to underweight, particularly for women<sup>80, 81</sup>. The potential mechanisms and mediating factors behind this 'food insecurity-obesity paradox' are complex<sup>82</sup> and likely involve additional economic and social factors.

## **Mental health and wellbeing**

Food insecurity is directly linked to poor mental health. A meta-analysis finds that food insecurity increases the likelihood of stress by 1.34-times (95 % CI: 1.24-1.44) and depression by 1.40-times (95 % CI: 1.30-1.58). These likelihoods increase with greater severity of food insecurity<sup>83</sup>.

## **Social wellbeing**

Food poverty can be detrimental to people's social wellbeing. For food bank users in the UK, feelings of stigma, shame and a lack of dignity at having to rely on external help may affect self-esteem and emotional wellbeing<sup>84, 85, 86</sup>.

Food bank users also report initial hesitation before resorting to a food bank, due to embarrassment and parents' concerns that they will be reported to children's social services. However, once engaged with food banks, users identify benefits, such as the welcoming approach of food banks leading to reduced feelings of isolation<sup>87</sup>, alongside opportunities for cooking classes and on-site nutritional advice offered by some food banks<sup>88</sup>.

The social impacts of food poverty also include challenges to socialising and family life, such as difficulties with hosting friends and family<sup>89</sup> and family meal-times<sup>90</sup>.

## **Impacts on children**

A comprehensive review finds that food insecurity experienced during childhood is associated with negative impacts that span across physical health, mental and emotional wellbeing, social wellbeing and academic outcomes<sup>91</sup>. Some children may be aware of their household's food insecurity, which may lead to feelings of embarrassment and sadness, or feeling pressure or responsibility to manage household food resources. Food insecurity during childhood is found to be associated with:

- Poorer general health status and some specific conditions, including asthma and dental caries, alongside a greater likelihood of hospitalisation.
- Emotional, behavioural and mental health problems, including aggression, hyperactivity, internalising and externalising behaviours, and impaired social skills.
- Lower quality of life, including poorer scores on happiness and life satisfaction.
- Difficulties with interpersonal interactions, including poorer social skills, frequent bullying engagement and frequent physical fighting, alongside

other poorer social outcomes, such as more frequent housing problems (e.g., homelessness) and substance misuse.

- Poorer academic outcomes, including lower reading and maths scores and more days absent from school.

This review found that food insecurity was also associated with poorer diet quality, although the effects on weight status was less clear. The reviewed studies were almost equally split between those that identified a significant association between food insecurity and weight status (e.g., overweight and obesity) and those that did not.

Parents or caregivers may play a mediating role in whether children living in food insecure households experience insufficient food or hunger themselves, with evidence that parents or caregivers may shield their children by preferentially giving their children food of a higher quality than their own, where available, or by feeding their children before themselves<sup>92, 93, 94</sup>.

## Food aid and related interventions

In this section, we focus on the types of food aid and related interventions that are available to people who may experience difficulties in accessing food that is of sufficient nutritious quality and quantity. Food banks are reviewed in detail, including their history, distribution and use, with local data of food bank referrals provided by Citizens Advice. Reasons for referral to food banks and characteristics of food bank users are also explored, alongside barriers to food bank use.

Alternative sources of food aid and related support follow, including an overview of surplus food redistribution schemes and government food-related interventions. Local examples are provided for each of these, focusing on the Community Food Hubs in West Sussex and local distribution of the government-funded Household Support Fund. The role of local food partnerships in supporting food security is also briefly outlined.

Data and information about use of food banks and other food-related support schemes in the UK is collected by the nationally representative Family Resources Survey (FRS) and the Food & You 2 (F&Y2) survey. Additional information about food banks is available from the Trussell Trust and the Independent Food Aid Network, including locations of food banks in West Sussex and information about referrals and user groups collated at the national level. Access information about these local food banks is available from these organisations' websites, although opening times and provision may be subject to change.

Some local data of food bank referrals and user groups is provided by Citizens Advice. However, Citizens Advice is one organisation in a much wider ecosystem of food aid; whilst an informative snapshot of the local picture, this data should not be read as a definitive enumeration of local need or demand for food aid. Similarly, local data for small grants to those in food need, provided under the Household Support Fund, should be viewed as part of the wider context of food aid and related interventions.

## **Food banks**

Food banks, which provide emergency food aid to those experiencing food poverty, have become an increasingly common sight in the UK in recent years, with the majority of food banks opening from 2010 onwards<sup>95</sup>. There are two main networks of food aid providers in the UK: the Trussell Trust network of food banks and the Independent Food Aid Network (IFAN).

### ***Box 1. History of food banks and models of provision in the UK***

In 2000, the Trussell Trust opened its first food bank in Salisbury and, in 2004, became a social franchise with a network of churches and community groups starting their own food banks. The Independent Food Aid Network (IFAN) was established in 2016 to bring together food banks operating outside of the Trussell Trust network. A 2019 survey of IFAN providers found slightly more than half were run by Christian faith groups and most others were non-faith organisations<sup>96</sup>.

Food banks are intended to be an emergency intervention which provides a stopgap until financial issues can be resolved, typically through receipt of state benefits. However, an increasing number of referrals are attributed to low income or 'destitution', which suggests that food banks may also be supporting people with consistently very low incomes, in addition to emergency provision<sup>97, 98</sup>.

Trussell Trust food banks require a referral, in the form of a food bank voucher, which can be accessed from a range external agencies or organisations. Many independent food banks also require a referral, although a survey of IFAN providers found that almost 40% did not require a referral and, of those that did require a referral, most indicated exceptions could be made<sup>99</sup>. Referral organisations include (but are not limited to) local authorities, NHS services, Citizens Advice, local charities, local churches and schools.

Many food banks provide additional "wrap-around" support, such as advice and signposting to support people through financial hardship or with housing or employment issues, classes for cooking and money management, and social activities.

The growing spread and use of food banks in the UK and West Sussex is an important phenomenon to estimate. However, the usage and distribution of food banks are not proportional to the size of food poverty and insecurity and should not be used as indicators of the need for food aid. This is due to a variety of reasons, including incomplete data to show spread and usage of food banks, barriers and restrictions to food bank access, and alternative sources of food aid. These reasons are outlined in detail later in this chapter.

### **Distribution of food banks in the UK and West Sussex**

During 2023/24, the Trussell Trust distributed food parcels from 1,699 locations and IFAN counted at least 1,172 independent food banks in the UK – adding up to more than 2,871 food banks in the UK.

In West Sussex, there are eight food aid providers within the Trussell Trust food aid network (as of May 2025). Five of these providers operate out of a single location, whilst three operate out of multiple locations. The locations covered

include Bognor Regis, Littlehampton, Chichester District, Worthing, Horsham, Shoreham, Haywards Heath and East Grinstead. Opening days and times are generally limited across these providers, with most providers typically being open for 1-4 week days for 2-4 hours in the mid-morning or early/mid-afternoon. Across these providers, only one location is open for a few hours on a weekend. Most locations offer delivery to clients who are unable to collect, and one provider has delivery-only locations with longer opening times, in addition to in-person locations<sup>i</sup>.

Between April 2024 and March 2025, Trussell Trust food banks alone distributed<sup>100</sup>:

- 8,148 food parcels in Bognor Regis and Littlehampton; 2,651 of these were for children
- 5,427 food parcels in Chichester; 2,080 of these were for children
- 7,522 food parcels in Horsham; 3,187 of these were for children

These figures are just a snapshot of provision, with many other providers distributing emergency food across West Sussex. This data provides limited insight into repeat attendance and does not capture the number of parcels distributed by non-Trussell Trust foodbanks, which is significant, particularly for Crawley which does not have a Trussell Trust foodbank.

IFAN count four independent food banks in West Sussex, as of May 2025: two in Crawley and two in Worthing.

There are numerous other independent food aid providers operating in West Sussex that are not members of either the Trussell Trust or IFAN networks. However, as discussed in Chapter 8, there is not currently a comprehensive list or map of these services.

Table 1 describes the characteristics of food banks that are part of the Trussell Trust and IFAN networks, where information is available.

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<sup>i</sup> All information about the Trussell Trust food banks in West Sussex was accessed on 23rd May 2025. The number and locations of food banks, opening hours and delivery facility may have changed in the time since.

*Table 1. Characteristics of food banks that are members of the Trussell Trust network and Independent Food Aid Network that operate in West Sussex. Data from service websites, accessed 23rd May 2025.*

<b>Network of food banks</b>	<b>Name</b>	<b>Area</b>	<b>Number of locations</b>	<b>Voucher required?</b>	<b>Delivery available?</b>	<b>Open on week days?</b>	<b>Open on weekends?</b>	<b>Open hours</b>
The Trussell Trust	Bognor Regis Food Bank <sup>101</sup>	Arun	1	Yes	Yes, to clients unable to collect	3 week days	No	2-4 hours in the mid-morning to mid-afternoon
	Chichester District Food Bank <sup>102</sup>	Chichester	2 in-person (Selsey & Chichester, including warehouse for delivery) 2 delivery only (Petworth, Midhurst)	Yes	Yes	1-3 week days for non-delivery locations. 3-5 days for delivery locations.	No	2 hours in non-delivery locations in the morning or late afternoon. One non-delivery location is open 4-6pm. Delivery locations are typically open throughout the morning & afternoon

East Grinstead Food Bank <sup>103</sup>	Mid Sussex	1	Yes	Yes, to clients who are unable to collect	3 week days	No	2 hours in the early afternoon
Haywards Heath Food Bank <sup>104</sup>	Mid Sussex	1	Yes	Yes, to clients who are unable to collect	2 week days	No	2 hours in the morning
Horsham District Food Bank <sup>105</sup>	Horsham	11 locations, 6 of which are 'Hubs on the move'	Yes	Yes, to clients who are unable to collect	Typically 1 week day for each location	1 location is open on a Saturday	Mostly 1-2 hours in the late morning or mid-to-late afternoon. Two locations are open 4-6pm
Littlehampton and District Food Bank <sup>106</sup>	Arun	1	Yes	Only in exceptional circumstances	2 week days	No	2 hours in the early-to-mid afternoon
Shoreham Food Bank <sup>107</sup>	Adur	4	Yes	Yes, to clients who are unable to collect	1 week day for each location	No	2-3 hours in the morning

	Worthing Food Bank <sup>108</sup>	Worthing	1	Yes	Yes, to clients who are unable to collect	4 week days	No	1.5 hours in the mid-afternoon
Independent Food Aid Network	Crawley Open House: Resource Centre	Crawley	1	No	No	5 week days	No	2.5 hours in the mid-morning to early-afternoon (or 4 hours for pre-ordered food parcels)
	The Easter Team	Crawley	1	No		4 week days	No	4 hours in the mid-morning to mid-afternoon
	Worthing Vegan Food Bank	Worthing	1	No	Yes	1 week day	No	6 hours from the late morning to late afternoon

## Food bank usage in the UK

In the 2023/24 FRS, 3.6% of UK households reported using a food bank at least once in the last 12 months and 1.5% in the last 30 days. The F&Y2 survey gave a similar estimate of food bank use, with 3% of households reporting receipt of a free parcel of food from a food bank or other emergency food provider in the last 12 months in 2024/25 (survey wave 10).

Data from the Trussell Trust and IFAN show an increasing demand for food parcels over the past several years in the UK. Compared to 2018/19, the number of food parcels distributed by the Trussell Trust in 2023/24 was near double (3.12 million food parcels in 2023/24). Both the Trussell Trust and IFAN members report supporting new households, who had not received support from a food bank before. Since 2018/19, there has been a 34% increase in the number of families using a Trussell Trust food bank for the first time<sup>109, 110</sup>.

The F&Y2 survey provides further information about patterns of food bank use, finding that 50% of respondents who had used a food bank in the last 12 months in 2024/25 (survey wave 10) had received a food parcel once, 33% had received a food parcel two to six times and 7% had received a food parcel every month or more often (and 9% didn't know or preferred not to say) – Figure 8. Compared to the previous survey period (survey wave 9), around twice as many respondents who had received a food parcel received only one food parcel in the past 12 months, and fewer respondents received a food parcel more often. Data from a longer period are required to understand any trends over time, although this reduction in the frequency of demand for food parcels (from people who have received at least one food parcel) could indicate a lessening of long-term or repeated difficulties with accessing food.

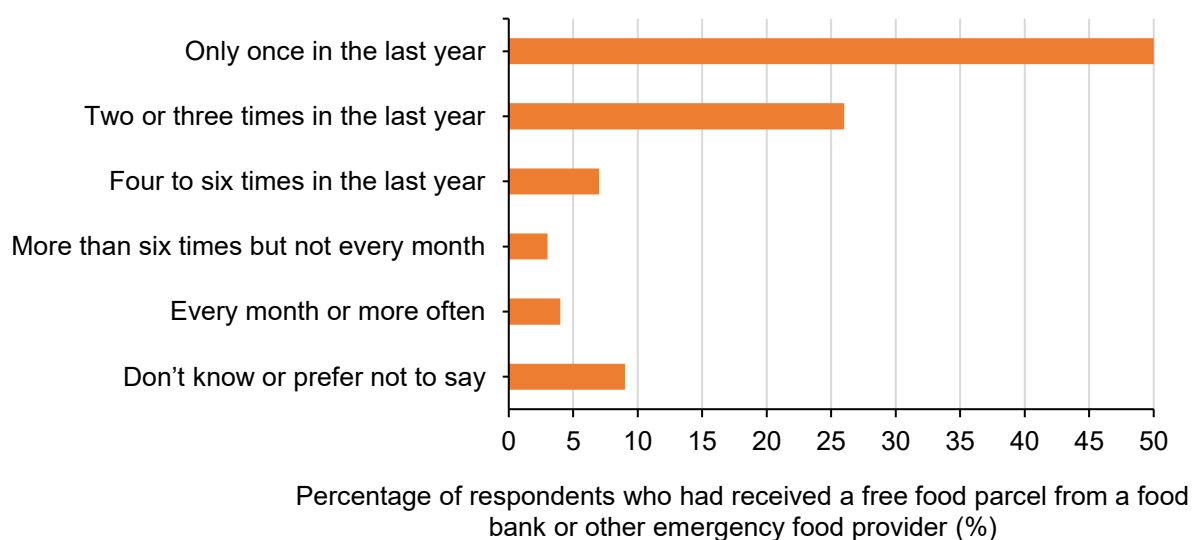


Figure 8. Frequency of food bank use in the last 12 months in those who had received a free food parcel from a food bank or other emergency food provider in England, Wales and Northern Ireland, 2024/25. Data source: Food and You 2 survey (wave 10), Food Standards Agency.

## Reasons for referral to a food bank in the UK

Trussell Trust member organisations routinely record the reasons for a food bank referral. In 2023/24, income or debt was, by far, the most frequently reported reason for a Trussell Trust food bank referral in the UK, at 71% of referrals stating this as a reason (NB: referral partners can select up to four reasons). Health and issues with benefits were the next most common referral reasons, at 22% and 18%, respectively<sup>111</sup> (Table 2).

*Table 2. Reasons for referral to a Trussell Trust food bank in the UK, 2023/24. Referral partners could select up to four reasons for referral. Source: Trussell Trust.*

<b>Reason for referral to a Trussell Trust food bank</b>	<b>Percentage of referrals (%)</b>
Income or debt	71
Health	22
Issue with benefits	18
Change in work hours or unemployment	8
Insecure housing	7
Change in personal circumstances	5
Immigration status	5
Domestic abuse	2

The IFAN also regularly surveys its members with questions focusing on how member organisations perceive the demand for food aid. These surveys consistently find IFAN members reporting increased demand for food aid, compared to the previous year. Although data describing reasons for referral are not reported, members organisations who report increased demand report similar reasons for this increased demand to Trussell Trust reasons for referral. These reasons include cost of living increases, debt, income, issues with benefits (e.g., universal credit wait times and benefits caps, sanctions and deductions) and housing problems<sup>112, 113</sup>.

Research by the Trussell Trust with people experiencing food insecurity further highlights insufficient income as a key driver of food bank use and identifies the design and delivery of the welfare system and inaccessible and insecure work as core components of insufficient income. The Trussell Trust's research also identifies adverse life events (including bereavement, becoming sick or disabled,

or domestic abuse), isolation from friends and family, and lack of support from other services as key drivers of food insecurity and subsequent food bank use<sup>114</sup>.

## Characteristics of food bank users in the UK

Routine data collection and additional research by the Trussell Trust shows that the population groups who access food banks at the greatest rates largely match the population groups who are most at risk of food security. In 2023/24, nearly four-fifths of households referred to a food bank were reliant on income from benefits without additional earnings (78%), and nearly two-thirds of the support provided was for families with children (65%). Most people referred to a Trussell Trust food bank are of working age, although there has been a steep increase in the support provided by food banks for pension age households in recent years<sup>115</sup>.

Research from the Trussell Trust further shows that many population groups are over-represented in their use of food banks, compared to their size in the general population<sup>116</sup>. Using data collected in mid-2022, the Trussell Trust found higher rates of referral to a Trussell Trust food bank in the following groups:

- **Disability** – 69% of people referred were disabled, compared to 26% of the general population who are disabled.
- **Homelessness** – 34% of people referred were currently homeless or had been homeless in the last 12 months, compared to 4% of the general population with current or recent homelessness.
- **Insecure housing** – 68% of people referred were renting (either private or social rents), compared to 22% of the general population. People in social rented accommodation who were accessing a food bank were over-represented, compared to all social renters in the UK, to a greater extent than private renters.
- **Families with children** – 39% of people referred were living with children under the age of 16, compared to 29% of the general population with children under 16 years.
- **In care as a child** – 16% of people referred had been in care as a child, compared to 3% of the general population who had been in care.
- **Working age and living alone** – 45% of people referred were of working age and living alone compared to 11% of the general population who were of working age and living alone.
- **Asylum seekers** – 5% of people referred were asylum seekers, compared to 0.5% of the general population who are seeking asylum.

However, some groups who are more at risk of food insecurity are relatively under-represented in food bank referrals. People of ethnic minorities and LGBTQ+ are more likely to experience food security than the general population (19% and 27%, respectively), and disproportionately so compared to the size of these groups in the UK population. However, these groups are less likely to be referred to a Trussell Trust food bank: 12% of referrals are people of ethnic minorities and 7% are LGBTQ+ people. This discrepancy in need and demand may be related to barriers to accessing food banks or may reflect preference or greater access to alternative forms of food aid (described later in this section).

## **Food bank referrals in West Sussex – Citizens Advice<sup>117</sup>**

In West Sussex, Citizens Advice is one of many organisations that can provide a referral to a food bank and provide a food bank voucher. People needing support can contact the “Help through Hardship” national helpline to ask for advice, including support for food needs, or can visit Citizens Advice offices in person.

Citizens Advice also does outreach work into food banks, via Financial Inclusion Advisers who offer holistic support. In West Sussex, as of June 2025, Citizens Advice employs five Financial Inclusion Advisers, who are based in Chichester, Bognor, Worthing, Haywards Heath and East Grinstead.

There is variation in the number of food bank vouchers provided by Citizens Advice across localities in West Sussex. However, this is not necessarily indicative of differences in local need, because there are differences in service delivery, funding and recording across localities. Most areas in West Sussex have formal partnerships between Citizens Advice and Trussell Trust food banks. These areas will record data about food bank referrals and vouchers issued but, because there are differences in the types of advice services and funding available in each area, these are not comparable. Crawley, in contrast, does not operate a referral/voucher system and Citizens Advice advisors are instead based in community groups and outreaches to provide advice on the root causes of issues.

In 2024, Citizens Advice supported 3,066 West Sussex residents with a voucher for a food bank referral. Since reporting began in 2022, the number of West Sussex residents referred to food banks has increased, in line with increasing numbers of food bank referrals made by Citizens Advice nationally. In the most recent year, increasing numbers may be due, in part, to the expansion of funded food bank support (in 2023/24).

In each year between 2022 and 2024, just under half of West Sussex clients were ‘repeat’ clients, who have previously received a food bank voucher, and just over half were new clients. In 2024, there were around 1,430 ‘repeat’ clients who received a food bank voucher and 1,620 new clients, which may indicate increasing numbers of people struggling with affording food.

In West Sussex, Citizens Advice report trends in foodbank referrals that go against their more typical seasonal trends: for clients needing a foodbank referral, demand reportedly increases over the summer months and coincides with school holidays. These reported trends are difficult to identify in the monthly referral data – in part because of rising demand and/or funding over time – but there have been notable bumps in May and October/November, when schools have half-terms (Figure 9).

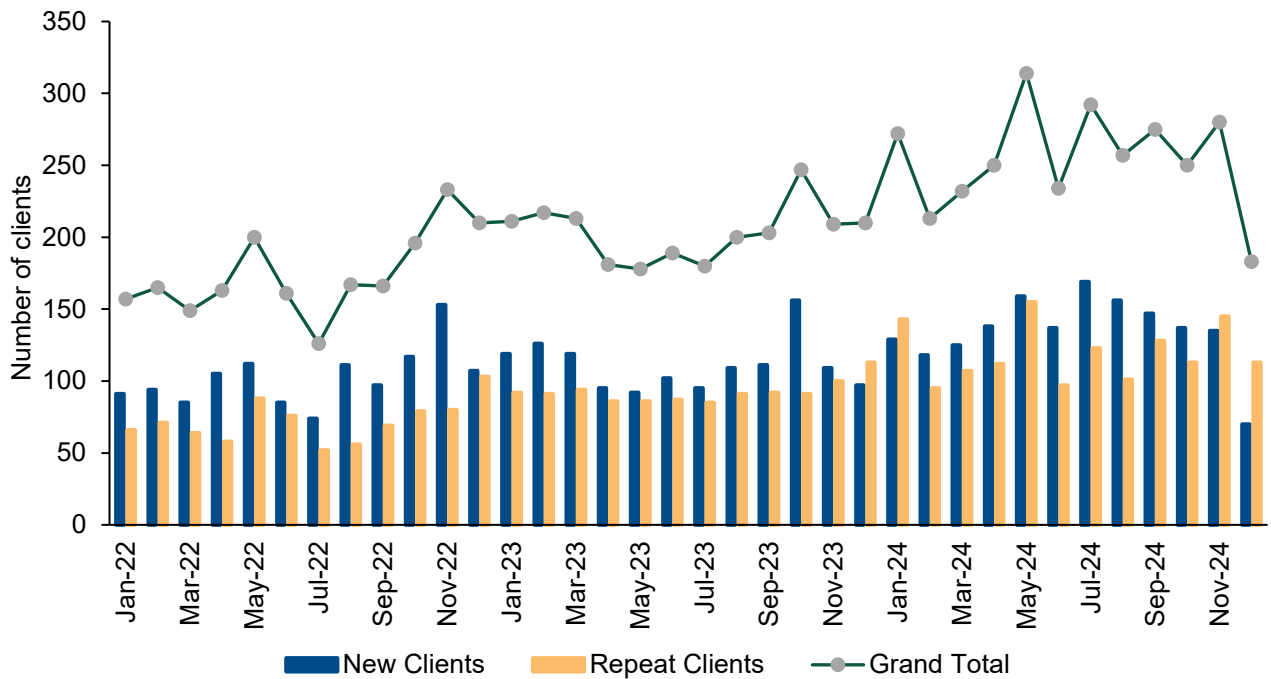


Figure 9. Citizens Advice clients helped with a food bank referral in West Sussex by month, 2022-2024. Source: Citizens Advice West Sussex Partnership.

Citizens Advice report that whilst clients often present with a primary issue, such as food support, the holistic approach that advisors use often identifies additional issues that may underly the food need. Citizens Advice can offer support to address some of these as a root cause and provide more long-term support. For West Sussex residents that Citizens Advice helped with a food bank referral, the most common issues for which extra advice was provided were around localised social welfare, via the Household Support Fund (described later in this chapter), and fuel, followed by water issues, financial capabilities and practical energy efficiency advice. The most frequently identified issues, in addition to food support, are shown in Table 3.

Table 3. Top ten additional advice issues for Citizens Advice clients who were helped with a food bank referral in West Sussex by month, 2024. Source: Citizens Advice West Sussex Partnership.

<b>Extra advice issues supported</b>	<b>Percentage of clients</b>
Localised social welfare: Household Support Fund	62%
Fuel (including energy savings, suppliers, smart meters, emergency fuel vouchers etc.)	60%
Water & sewerage	46%
Financial capability (e.g., budgeting, income maximisation)	45%
Practical energy efficiency advice	43%
Charitable support	28%
PIP	25%
Internet and broadband	23%
Fuel debts	21%
General benefit entitlement	20%

Case studies of clients who Citizens Advice have supported, having initially being engaged at a food bank, and provided holistic support are given in Box 2.

### **Box 2. Holistic support by Citizens Advice**

#### **Case study 1 – Client A**

*Client A was unemployed due to having multiple compound health conditions. He approached the food bank as he was struggling to manage and had multiple debts. He was close to losing his home because he felt too overwhelmed to open his post or front door due to worry about creditors/collectors.*

*Citizens Advice helped Client A to identify the right debt solutions so he can renegotiate affordable repayment plans and be in control of his finances, sorting his mail and speaking with creditors directly.*

*Client A says that there has been a positive impact on his mental wellbeing and ability to start dealing with issues, he feels empowered and is no longer afraid to "answer my front door".*

#### **Case study 2 – Client B**

*Client B was employed part-time and living alone in temporary accommodation. Whilst visiting the food bank, she approached Citizens Advice for support with a Universal Credit claim, as she was not confident to do this.*

*During this meeting, Client A disclosed experiences of domestic abuse and mental health difficulties. She disclosed that she was unable to complete her Universal Credit application because of low IT skills and stated that, despite contacting the helpline, she had been unable to submit a new claim.*

*With support from Citizens Advice advisers, Client A made a successful claim for Universal Credit and sought legal advice from a solicitor regarding a non-molestation order for the domestic abuse she had experienced. She was very appreciative of the help and had a desire to give back by helping others in similar situations. She has been inspired to train as a counsellor.*

Citizens Advice collect data describing client demographics and other characteristics, which is self-reported by clients. However, disclosure of such information is not mandatory and these data are often not recorded, particularly for health, housing and employment status. The following data should therefore be viewed with caution, considering that recording of these characteristics is incomplete and is self-reported. Of West Sussex residents who received a food bank voucher from Citizens Advice in 2024:

- Of the 3,300 clients who disclosed their age, most were of working age (90%), with a high proportion of clients who were in their 30s or 40s (approximately 52% of clients receiving a food bank voucher, where age was stated) – Figure 10.
- Of the 2,030 clients that disclosed their gender, nearly two-thirds were female (62%) and 37% were male (1% preferred not to say).

- Of the 1,195 clients who disclosed their ethnicity, most were of White ethnicity (86%), with smaller proportions of people of Asian (4%), Black (5%), Mixed (3%) and Other (3%) ethnicities.
- Of the 1,690 clients who disclosed their household type, slightly more than a third had dependent children, with 25% who were either single parents with dependent children, and 11% who were a couple with dependent children. Just under a third of clients were single people (31%) and 5% were in couples.
- Of the 2,005 clients who disclosed their health status, 58% stated that they had a long-term health condition or disability, whilst 38% stated that they had no disability or health problems (and 4% preferred not to say).
- Of the 1,260 clients who disclosed their employment status, around a third were permanently sick or disabled, around a third were employed and slightly more than a fifth were unemployed. A smaller proportion of clients were carers or retired.
- Of the 1,750 clients who disclosed their housing tenure, approximately 40% were living in social housing (including council and housing association tenants) and around 20% were privately renting.

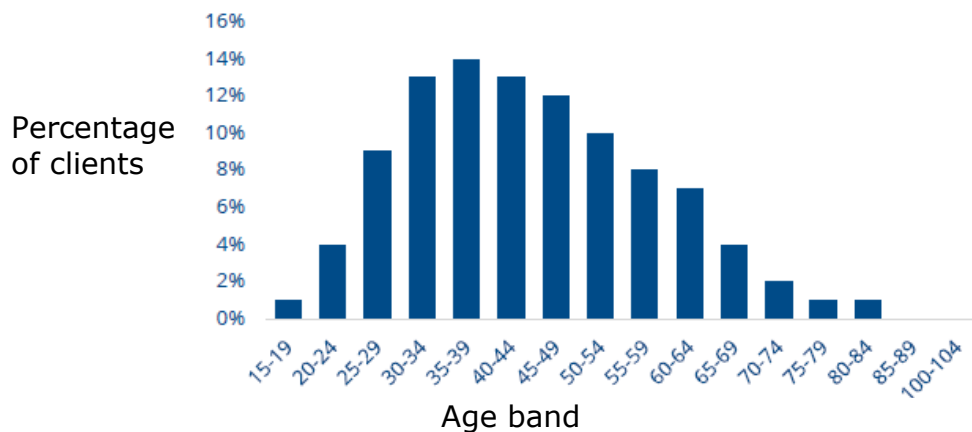


Figure 10. Age range of Citizens Advice clients who were helped with a food bank referral in West Sussex, 2024. Source: Citizens Advice West Sussex Partnership.

Additional insights from Citizens Advice regarding clients in need of food support include:

- Clients are often living insecurely, such as living in temporary housing or sofa surfing, being unable to manage finances, or incurring debts.
- Financial hardship is common, with pressure from the cost of living (e.g., high fuel, water and rent prices). Clients are often living without the correct level of support and many are not claiming the benefits to which they are entitled.
- Clients often state they eat less to make food last longer or to pay for other household bills. Reported strategies for managing food needs

include buying frozen food and tins because it is cheaper and not buying fresh food and instead supplementing with vitamins.

- Several clients have nutritional needs and some experience difficulties where they need to eat fresh food due to taking medication but are unable to do so. Other difficulties reported by some clients include not having cooking facilities.
- To provide agency and choice, clients who are in food need ask for supermarket vouchers.

## **Food banks and food insecurity**

Food banks could be viewed as a symptom of rising levels of food poverty. However, the prevalence and use of food banks is not a good indicator for food insecurity or poverty, because:

- Publicly available data quantifying the number of food banks in the UK is incomplete. Whilst the Trussell Trust network of food banks has a register of member organisations and the IFAN has attempted to map non-Trussell Trust providers of food banks across the UK, many food banks are not captured by this. The IFAN specifically list food banks hosted by schools, universities and hospitals as not being included in their count, nor food aid provided by the Salvation Army and other models of community provision.
- Estimates of food bank usage may not account for ongoing or longer term food needs in those who access food aid, particularly where some food banks restrict how many food parcels any one household can receive in a set period of time. People may continue to experience food poverty after becoming ineligible for further support – but this ongoing need will not be captured in food bank statistics.
- Not everyone experiencing food insecurity or poverty will access a food bank. This is evident in population surveys finding a gap between the percentage of those who report very low food insecurity and the percentage of those who access a food bank (e.g. the F&Y2 survey found 4% of households reported receiving a food parcel, compared to 11% of households who experienced very low food security in the last 12 months).

The reasons that a household in need of food aid may not access a food bank are outlined below.

## **Barriers to food bank use**

People experiencing food insecurity may not access a food bank due to various barriers to access, including individual or personal factors and practical factors. Many of these factors are outlined below and are incorporated in a recently developed framework for understanding the discrepancy between food insecurity and food bank use in the UK context, by Loopstra and Lambie-Mumford, 2023<sup>118</sup> – see Figure 11.

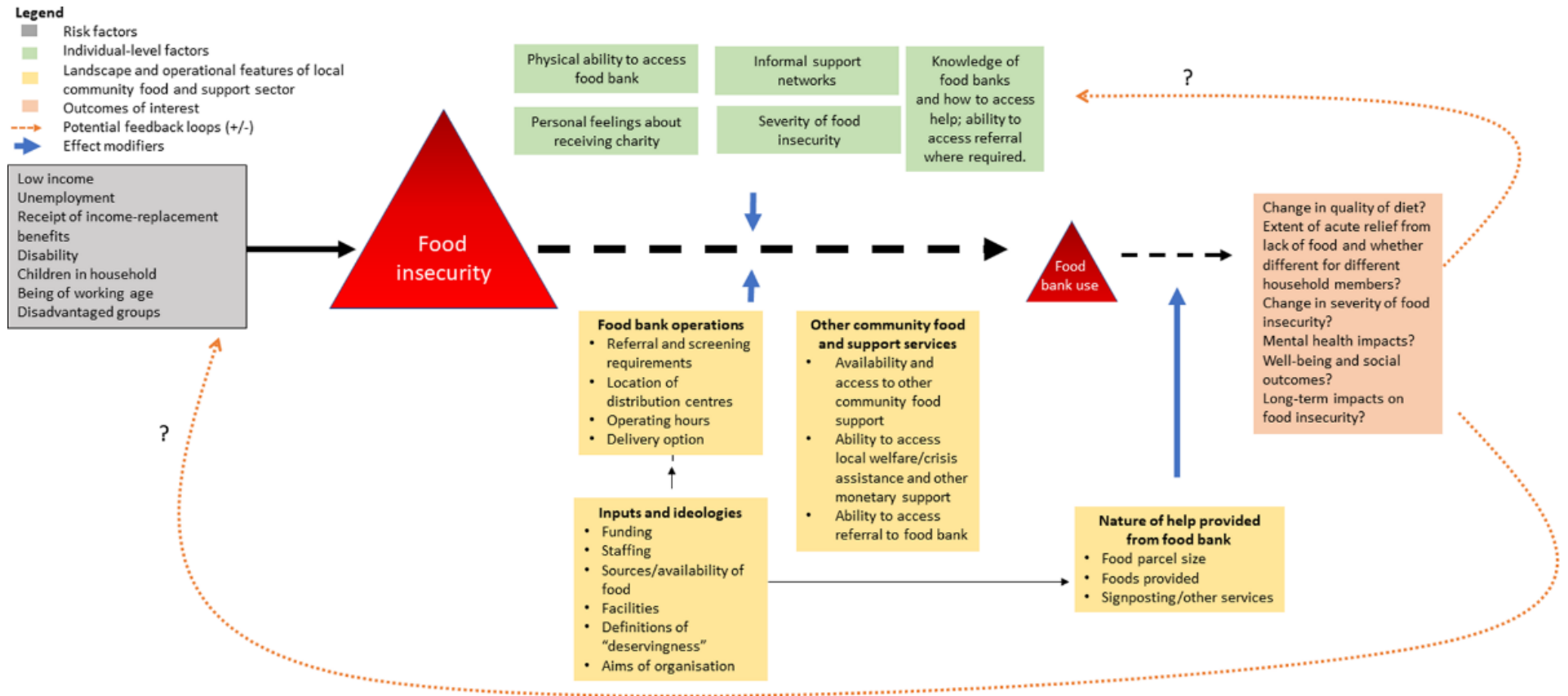


Figure 11. A framework for understanding the discrepancy between food insecurity and food bank use in the UK context. Source: Loopstra and Lambie-Mumford, 2023.

### Individual or personal barriers:

- Perceived low social acceptability of food bank use, resulting in feelings of embarrassment, shame or perceived stigma.
- Concerns about lack of privacy. Parents, specifically, may also have concerns that use of food banks will result in them being reported to children's social services<sup>119</sup>.
- Many food banks are hosted by churches, which may affect whether people of different or no faiths feel welcome or comfortable using these food banks.

### Practical barriers:

- Many (but not all) food banks require a referral for people to access their support, meaning that only those who are in contact with referring agencies or organisations will have access to a referral in this way. For the food banks that do not require a referral, or that may be flexible with referral requirements, the belief that all food banks require a referral may inhibit people from seeking support directly from a food bank.
- Physical location and accessibility of food banks can be variable. Food banks may be too far for people to walk to or inaccessible by public transport, due to travel costs or areas not being well served by public transport. These barriers may be particularly acute for those with disabilities and those living in rural areas.
- Restricted or inconvenient opening times. A study conducted in 2015/16 found that the opening hours of the Trussell Trust's network of food banks are concentrated between 10am-4pm, which may inhibit access for those who work or have other responsibilities during these hours<sup>120</sup>. This study also shows that less than 20% of food banks were open at any given hour of the week. Considering the age of this study and the rising demand for food aid in the period since 2015/16, this may have changed, although the limited contemporary opening times of West Sussex food banks suggests this finding remains true.

## **Alternative sources of food aid or support**

People may not access food banks because they have access to alternative sources of food aid or support. Support networks of family, friends and cultural or religious communities may be utilised when people (with such networks) are in need.

Alternative models of food aid or support may be available in the local area. These include schemes that redistribute surplus food, including community food hubs/clubs/pantries, community kitchens or social supermarkets; community food growing projects; soup kitchens; and targeted provision for disadvantaged children (e.g., school holiday activity provision, school breakfast clubs). Many of these may be viewed as more socially acceptable ways of accessing food and may not have the same stigma attached to them as food banks.

Alternative models of food aid or support are described below.

## **Surplus food redistribution – social supermarkets and community food hubs**

There are various models of surplus food redistribution in the UK, although the different models are alike in being not-for-profit social enterprises that sell surplus food at low or nominal prices. National, regional or local organisations typically collect surplus or commercially 'unsaleable' food from supermarkets, farmers, catering companies and other food providers. Depending on the scale of the organisation, this produce is then either sold directly to the local community at low cost or it is redistributed to charity partners who may sell the produce or use it to provide free or low-cost meals for their own communities.

Common models of surplus food redistribution include:

- Social supermarkets – these sell a range of surplus or commercially 'unsaleable' food items alongside other goods, in a retail-type environment. There is variation across social supermarkets in whether membership is required, the payment model and the range of available products<sup>121</sup>.
- Community food hubs/clubs/pantries – these may receive surplus food from national redistribution schemes, such as FareShare<sup>122</sup>, or from local schemes, such as UKHarvest in West Sussex and other areas in the south of England<sup>123</sup>. Surplus food may be sold at no or low cost from dedicated regional centres or from pop-up hubs in community locations.
- Community kitchens – surplus food is received by charities, such as FoodCycle<sup>124</sup>, who prepare nutritious meals that are served in community locations.

In contrast to food banks, surplus food redistribution schemes typically do not require referral and do not have restrictions on visits (although the amount of food that can be bought on a single visit may be limited). Surplus food redistribution schemes are not directly targeted towards people on low incomes, although they enable people experiencing financial difficulties or food insecurity to access low or no cost food in a dignified way<sup>125</sup>.

In addition to low or no cost food, surplus food redistribution schemes often provide a social space or activities, education about food waste or food preparation, or specialist support for people experiencing financial difficulties<sup>126</sup>.

### **Use of social supermarkets and community food hubs**

In 2024/25, the F&Y2 survey (wave 10) found that 5% of households in the UK (excluding Scotland) reported using a social supermarket, food club/hub or community pantry in the last 12 months. The percentage accessing this support was higher for those experiencing food insecurity, with 9% and 21% who experienced low and very low food security, respectively, using this source of food support. Research by the Trussell Trust found a similar proportion, 7%, of the UK general population reported using at least one type of food aid in the last year in 2022<sup>127</sup>.

Although social supermarkets and community food hubs may be particularly beneficial for people on low income or experiencing food insecurity, the F&Y2 survey found a gap in awareness of these schemes between those with high food security and those with very low food security. In 2024/25 (survey wave 10), 21% of households with very low food security had not previously heard of a social supermarket, food club/hub or community pantry, compared to 10% of households with high food security.

### **Box 3. Spotlight on Community Food Hubs in West Sussex**

Across West Sussex, each of the seven districts and boroughs has a monthly Community Food Hub which invites residents to collect a shopping bag's worth of surplus food, including fruit, vegetables, carbohydrates and protein, for an optional donation of £3.50 per household<sup>128</sup>. These Community Food Hubs have operated in West Sussex communities where food waste is most prevalent since May 2023, and is the result of an award-winning partnership between UKHarvest and West Sussex County Council.

Alongside providing affordable and nutritious food, staff and volunteers have an educational and supportive role, by sharing recipes, healthy options, cookery skills, including regular cooking demonstrations, and tips to reduce household food waste.

The Community Food Hubs also facilitate visits from external agencies to provide regular "wrap-around support", which enables residents to access advice and support for problems other than food insecurity. Stalls include those offering support from Citizens Advice, Fire Safety advice, blood pressure checks and others.

A recent evaluation<sup>129</sup> of the seven Community Food Hubs in West Sussex shows that the Hubs have helped to reduce food waste and to improve food security, nutrition and wellbeing in those accessing them. The findings from the evaluation questionnaire, completed by 216 residents attending the Hubs during a five-week period over July and August 2024, show that:

- 73.1% agreed that the Hubs had given them access to food that they otherwise cannot afford.
- 79.6% agreed that the Hubs had a positive impact on the amount of fruit and vegetables that they eat.
- 71.8% agreed that the Hubs had improved their wellbeing.

Responses to the survey highlighted the value of the Hubs in fostering social connections in the community and the wrap-around support provided. However, awareness of this wrap-around support was low: only 51.8% of respondents perceived the Hubs to be places where they could access support from external agencies.

## Government interventions and support

There are several government-funded interventions that are provided nationally which support people with low incomes to access healthy and nutritious food. Many of these are focused on providing support in the early years or to children and young people. These age-specific interventions are covered in detail in Chapters 3 and 4 and include:

- **NHS Healthy Start scheme** – provides pregnant people and families with a child under 4 who are on low incomes and claiming certain benefits with vouchers to buy healthy food, milk and vitamins.
- **Free school meals** – aims to ensure that disadvantaged children attending maintained schools, academies and free schools have access to at least one healthy meal each day. Children in state-funded schools in England are entitled to receive free school meals if a parent or carer is in receipt of a variety of state benefits, including income support, income-related employment support, Universal Credit and the guaranteed element of State Pension Credit.
- **Holiday Activity and Food Programme** – provides free healthy meals, enriching activities, and childcare places to children from low-income families, predominantly focused on children who in receipt of benefits-related free school meals, during the Summer, Easter and Winter holidays.
- **School breakfast clubs**, with funding from both the government and grants from other providers, including charities and commercial companies.

### Household Support Fund – West Sussex

Since Autumn 2021, the UK government has provided several tranches of funding to local authorities in England to support vulnerable households with essentials, such as food, clothing, and utilities<sup>130</sup>. This 'Household Support Fund' is distributed by councils through a variety of routes, including:

- proactive support by identifying households in need
- application-based support where individuals approach the local authority for support
- issuing grants to charitable or third-party organisations to provide support on behalf of the local authority.

UK Government funding for the Household Support Fund (HSF) has been extended several times between October 2021 and March 2026, allowing continuous support to be provided across this time period. The current grant ('HSF-7') runs from April 2025 to March 2026.

In West Sussex, the HSF is available via different methods, including direct support through applications to the West Sussex Community Hub, through district and borough councils, and distributed in partnership with other organisations including Citizens Advice and food and fuel banks<sup>131</sup>. The West Sussex Community Hub administers the application-based element of the fund, with successful applicants receiving a supermarket voucher of £50 to £75, depending on the size of their household.

Through the HSF, WSCC also provides supermarket vouchers to families with children receiving means-tested free school meals each week during school holidays. The funding for this is confirmed until March 2026, at the time of publication.

In the most recent completed tranche of funding ('HSF-6'), covering the six months from October 2024 to March 2025, the West Sussex Community Hub received 11,769 applications for support from members of the public and external professionals where all applicants received information, advice and guidance tailored to needs<sup>132</sup>. Of these applications, 9,578 instances of financial support were provided by the Community Hub. The vast majority of requests for support were from those in urgent need of food supplies (90.6%). Of these 8,679 requests for food support:

- 61% were from households with children
- 9% were from households with a disabled person
- 4 % were from households including someone of pension age or in receipt of Pension Credit.

Of households who had accessed HSF-6, around 10.7% accessed HSF-6 support two or more times. Over the course of a year, covering two HSF extensions (HSF-5, which ran from April to September 2024, and HSF-6), 39.7% of households had accessed both HSF-6 and HSF-5.

Local analysis of previous HSF-3 and HSF-4 funding (available in October 2022 to March 2023 and April to December 2023, respectively), show differences in the proportion of supermarket vouchers distributed by geographic area in West Sussex. Although only accounting for 38% of the West Sussex population, households in coastal towns received nearly half of supermarket vouchers distributed in each funding period (46.8% of HSF-3 and 49.0% of HSF-4), compared to 40.3% and 40.6% in non-coastal towns in these respective funding tranches<sup>133</sup>.

## Local food partnerships

Local food partnerships are cross-sector bodies that own and drive forward agendas on the local food system, using a holistic, systems-based approach. Partner organisations may include community and voluntary sector organisations, local authorities and other public bodies, the local food industry, and academic organisations. The Sustainable Food Places network (SPFN), of which many mature food partnerships are members, identifies six overall goals that local food partnerships can contribute towards<sup>134</sup>:

- **Food Governance and Strategy:** Taking a strategic and collaborative approach to good food governance and action
- **Good Food Movement:** Building public awareness, active food citizenship and a local good food movement
- **Healthy Food for All:** Tackling food poverty, diet related ill-health and access to affordable healthy food
- **Sustainable Food Economy:** Creating a vibrant, prosperous, and diverse sustainable food economy
- **Catering and Procurement:** Transforming catering and procurement and revitalizing local supply chains
- **Food for the Planet:** Tackling the climate and nature emergency through sustainable food and farming and an end to food waste.

Local food partnerships can play an important role in addressing food insecurity and poverty in local communities. Many food partnerships may begin as networks that bring together organisations which run local food banks and other sources of low-cost food to

people on low incomes, or which focus on the provision of healthy food in deprived neighbourhoods. More formalised and mature food partnerships may cover wider issues, such as food production and sustainability<sup>135</sup>.

In West Sussex, as of Spring 2026, there are three SFPN style local food partnerships. These local food partnerships are at different stages of development: the Arun & Chichester Food Partnership<sup>136</sup> and Adur & Worthing Food Partnership<sup>137</sup> are formal partnerships which are members of the UK-wide Sustainable Food Places network, whilst the Mid Sussex Food Partnership<sup>138</sup>, at the time of writing is not part of a national network but is in the process of applying for registration.

While Crawley and Horsham do not have formal SFPN style food partnerships, there is a significant amount of work being conducted in each of these districts to address food insecurity.

Crawley benefits from a number of voluntary and community sector organisations that together provide food support, essential items, and wider assistance for local residents. The town also hosts an informal Cost-of-Living Partnership Group, bringing together statutory bodies as well as voluntary and community organisations to tackle food insecurity and the wider pressures created by the cost-of-living crisis. Alongside this, the Crawley Food Bank Partnership, led by The Easter Team and Crawley Open House, works in cooperation with other local services, including Ten Little Toes Baby Bank and Freeshop Crawley, to offer support. Freeshop Crawley also provides a broader package of support such as mental health groups, financial advice sessions, assistance with paperwork and job-readiness support.

In Horsham, food support is delivered through a network of 16 food banks operated by Horsham District Foodbank, which is run and funded by the charity Horsham Matters. Their wider support offer includes help with budgeting, benefit reviews, and advocacy. Although neither Horsham nor Crawley currently has an SFPN-style Food Partnership, both areas have strong links with their respective local councils. Horsham District Council is also taking steps toward adopting an SFPN-aligned model.

## Areas of focus

Food poverty exists when people do not have sufficient economic access to an adequate quantity and quality of food to maintain a nutritionally satisfactory and socially acceptable diet. Food insecurity adds dimensions of physical and social access to this definition. Low income households are at the greatest risk of food insecurity and often overlap with other at risk groups, such as families with children, people with disabilities, ethnic minorities, and people who are in insecure housing or homeless. In the UK, low incomes have been compounded in recent years by the rising cost of living, which is felt more acutely by low income households, and the decreasing affordability of a healthy diet. Food insecurity in the UK, which is associated with poorer physical health, mental health and social wellbeing, has spiked in recent years and, although below its peak, remains nearly double the prevalence of 2020/2021.

Food bank use, linked most frequently to income or debt issues, has also increased with time, both nationally and in West Sussex. Food bank use does not reflect the prevalence of food insecurity, as many food insecure people may face practical or personal barriers to accessing a food bank or may access alternative sources of support. These alternative sources of support include social networks and communities and alternative models of food aid or support, such as free or inexpensive surplus food redistribution schemes and

government-funded interventions, which are often targeted towards supporting diet and nutrition of the early years and children.

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