



## **Food Insecurity at a Local Level (FILL): Survey Findings in Cumberland**

*July 2024*

### **Introduction**

The increased cost of living has worsened the many challenges faced by individuals and families, both across the UK and locally in Cumberland. Families face increasing pressure on their disposable income due to the rise seen in energy bills, underlying inflation and the cost of food. Food is often one of the first expenditures to be cut when disposable income is reduced. Food insecurity is defined as “the inability to consume adequate quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so”<sup>1</sup>.

Healthy Food for All is one of the key themes of the Food Cumberland Strategic Framework, focusing on tackling food poverty, diet related ill health and access to affordable food. Until now, local authorities have had to rely solely on data from food banks and community groups in the local area to measure food insecurity. This can mask the true scale of the situation as not everyone who might otherwise benefit, accesses these services.

In collaboration with the Universities of Liverpool, Sheffield, Lincoln and Northumbria, and the Independent Food Aid Network, Cumberland Council’s Public Health team piloted the Food Insecurity measured at a Local Level (FILL) survey, which sought to measure the extent to which people in Cumberland are struggling to access and what kinds of support services (if any) they use. As part of the 15-minute, anonymous survey, Public Health invited one adult from every household in Cumberland to participate between October and December 2023. The survey could be completed either online, or by phone and participants had the chance to be entered into a free prize draw to win gift vouchers of up to £100.

Cumberland Council has committed to improving access to good quality food, which is why it was chosen as one of three areas to pilot the survey. This project has been funded by the University of Liverpool’s Partnership and Innovation Fund. This survey has allowed us to understand how access to food is being affected and where support needs to be directed for residents, particularly during the rising cost of living.

This report explores the results of our 2023 Food Insecurity at a Local Level survey and provides an insight into the current situation in Cumberland. Over 1700

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1. Dowler E, Turner S, Dobson B. Poverty Bites: Food, Health and Poor Families. London: Child Poverty Action Group, 2001.

responses were received, answering questions about the ability to afford and access food, their knowledge and use of support services, and in some cases sharing concerns about having to cut back or go without food over the past year.

The survey results have provided an insight into some of the challenges faced by residents of Cumberland and the information will be used to help ensure targeted support is delivered to support those who need it most, in collaboration with partners in the VCFSE sector. Acting on the results of this survey will help support Cumberland’s Right to Food motion and support the health and wellbeing of the residents in the area.

### **Survey Themes**

1. Understanding current hardship by measuring food insecurity using the USDA Food Security Survey Module used in UK government surveys, as well as by capturing financial and non-financial barriers to food acquisition and preparation. This theme also offered an understanding to what compromises households are having to make to budgets and practices, including for instance questions around meeting bill payments and keeping their homes heated.
2. Understanding how households source food by questioning the process of buying or obtaining food, including the types of shops used.
3. Local services and support captured knowledge and use of food aid provisions and other services accessed.
4. Respondent and household characteristics captured household composition, employment status, income, health and disability and other topics such as immigration status and ethnicity.

### **Limitations**

It is important to note that this survey had some limitations. The survey was voluntary to complete and whilst a leaflet drop was organised, it was not completely randomised due to limitations with the Royal Mail leaflet drop service. Social media was heavily relied upon to promote the survey, as well as distribution through both internal and external networks. There were more female respondents overall. Although the survey could be completed by telephone as well as online, it is likely that those who are digitally excluded are less represented in the results.

### **Who Completed the Survey?**

1742 people completed the survey. The majority of respondents were female accounting for 72% (n.1250); and aged between 36-65, the majority of those aged 36-45 years accounting for 21%. 91% were British, while 9% were minority ethnic groups.

**Participant Demographics Table**

<b>Gender</b>		
Male	Female	Identify in another way/ prefer not to say
27% (n. 478)	72% (n.1250)	1% (n. 14)

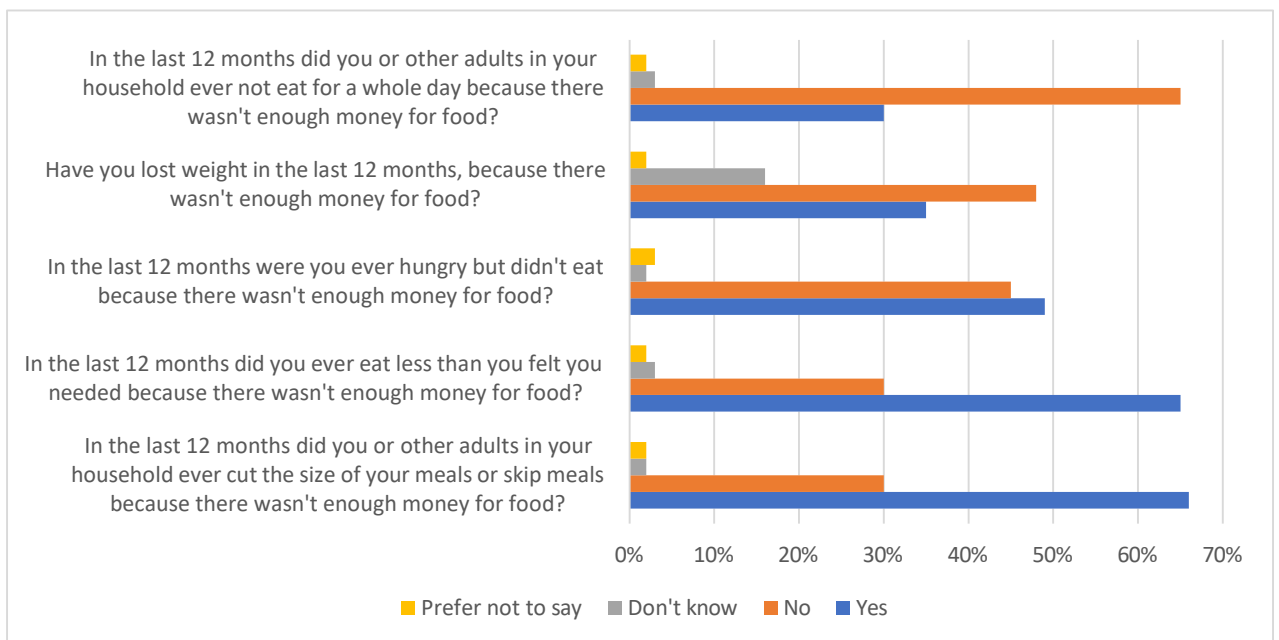
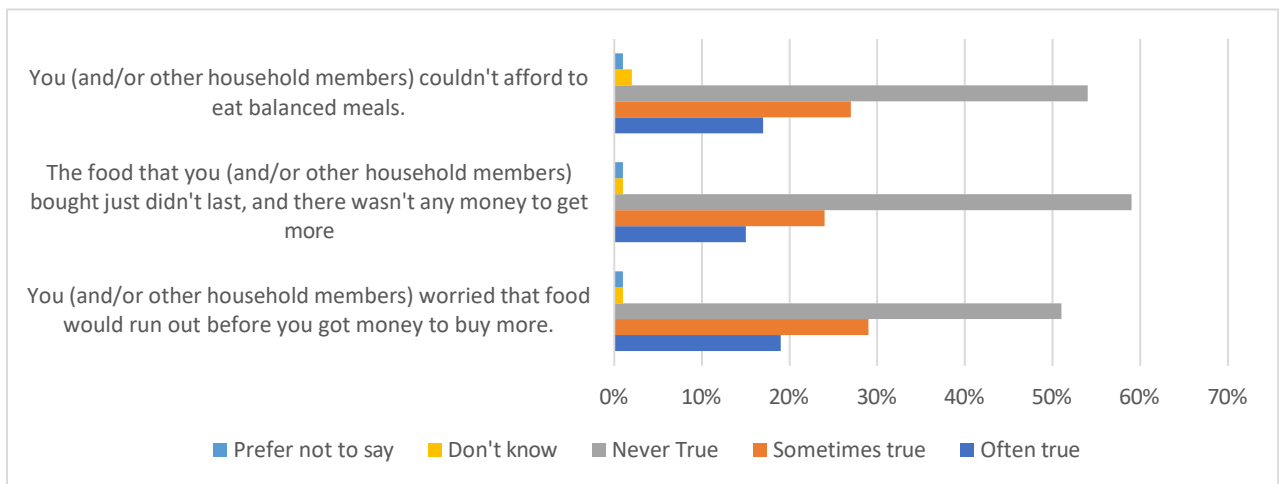
Age																						
16 – 25	26 – 35	36 – 45	46 – 55	56 – 65	66 and over	Prefer not to say																
3% (n.53)	17% (n.296)	21% (n.361)	19% (n.337)	18% (n.311)	15% (n.269)	6% (n.110)																
<p style="text-align: center;">% Respondents by Age</p> <table border="1"> <caption>Data for % Respondents by Age</caption> <thead> <tr> <th>Age Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>18-25 yrs</td> <td>3%</td> </tr> <tr> <td>26-35 yrs</td> <td>17%</td> </tr> <tr> <td>36-45 yrs</td> <td>21%</td> </tr> <tr> <td>46-55 yrs</td> <td>19%</td> </tr> <tr> <td>56-65 yrs</td> <td>18%</td> </tr> <tr> <td>66+ yrs</td> <td>15%</td> </tr> <tr> <td>Prefer not to say</td> <td>6%</td> </tr> </tbody> </table>							Age Group	Percentage	18-25 yrs	3%	26-35 yrs	17%	36-45 yrs	21%	46-55 yrs	19%	56-65 yrs	18%	66+ yrs	15%	Prefer not to say	6%
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66+ yrs	15%																					
Prefer not to say	6%																					
Ethnicity																						
English/ Welsh/ Scottish/ Northern Irish	Other White	Other Background																				
91%	3%	6%																				
Country of Birth																						
UK	Other																					
95%	5%																					
Household Income Source*																						
Salary	Private Pension	State Pension	No Source																			
66%	23%	19%	1%																			
State Benefits**																						
Universal Credit	Personal Independence Payment/ Disability Living Allowance/ Attendance Allowance																					
17%	15%																					
Employment																						

Full Time	Part Time	Retired		Unemployed					
42%	20%	19%		2%					
<b>Long term physical and/ or mental health condition or illness</b>									
Yes					No				
51%					49%				
<b>Education</b>									
First degree/ Undergraduate/ Diploma		Higher Degree		Secondary School		College or Sixth Form			
27%		19%		17%		33%			
<b>Index of Multiple Deprivation Decile***</b>									
1 (most depriv ed)	2	3	4	5	6	7	8	9	10 (least depriv ed)
8.51% (n 110)	10.67 % (n 138)	12.14 % (n 157)	13.69 % (n 177)	12.61 % (n 163)	12.68 % (n 164)	11.21 % (n 145)	6.26 % (n 81)	6.5 % (n 84)	5.72% (n 74)
*Other sources of income reported included benefits, interest from savings and investments, maternity or paternity pay, and income support. Participants could indicate more than one source of income for their household, so these figures are not mutually exclusive.									
**The data suggests a large proportion of people on benefits were surveyed.									
*** postcode data was used to determine IMD decile, however 26% of the sample did not provide postcode information. n=1293.									

### **Food Insecurity**

This section sought to understand whether residents were worrying about not having enough food, running out of food, skipping meals and experiences of hunger due to a lack of money.

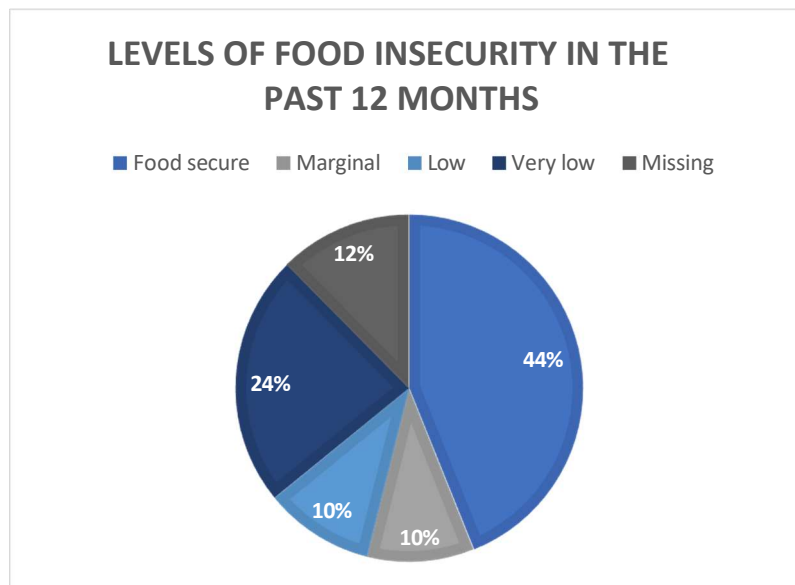
The responses were as follows:



This information was used to classify households into four categories.

- High food security: no reported indications of food-access problems or limitations
- Marginal food security: one or two reported indications, typically anxiety over food sufficiency or shortage of food in the house. Little or no indications 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 or disrupted eating patterns and reduced food intake.

In the UK, households in the low and very low food security group are classified as food insecure. Combining these two groups, about one-third (33.7%) of the sample was food insecure. About 12% of the sample could not be classified due to missing data.



The data in the chart above can be compared to data from the Food and You 2 Survey Wave 6<sup>2</sup>, conducted by the Food Standards Agency. In the months up to January 2023, around 24% of respondents were food insecure across England. Thus, levels were much higher in the Cumberland FILL data. This could reflect who completed the survey, worsening circumstances over 2023, or higher levels in Cumberland. As the sample characteristics are not representative, those who completed it may have been more likely to be experiencing food insecurity. It is difficult to reach a conclusion as the distribution of the survey included non-probability sampling methods (i.e. promotion through networks and social media) and also targeted more deprived postcodes in Cumberland via the flyer drop.

### **Food Insecurity Among Households With and Without Children**

Levels of food insecurity were significantly higher amongst households with children in the sample. 53% of respondents who lived with dependent children were food insecure, compared to 27% among survey respondents without children.

More pronounced differences in levels of food insecurity are observed once partnership is considered. Single parent households with dependent children are at particularly high risk of experiencing food insecurity (>75%). In comparison with national data, the ratio of single to multi adult households which report food insecurity is lower in Cumberland (1.74:1 compared with 1.99:1 nationally)<sup>3</sup>. This suggests that multi adult households are more food insecure in Cumberland than the national average, which does not correlate with the findings on a percentage basis. This is probably due to differences in the number of respondents and further analysis of the raw data from both surveys would be required to assess this; comparable raw data was not available at the time of writing this report.

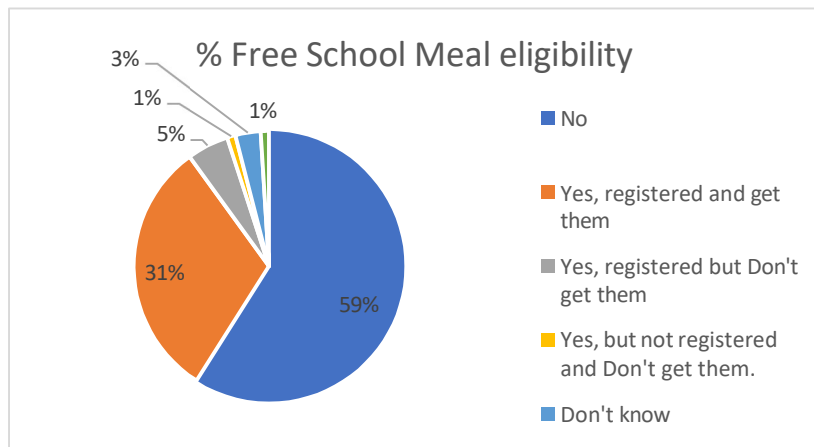
### **Free School Meal Eligibility**

Respondents were also asked whether their children were eligible for free school meals. 31% of households with children were registered and receive free school

<sup>2</sup> Food and You 2 Wave 6. (2023). IPSOS.

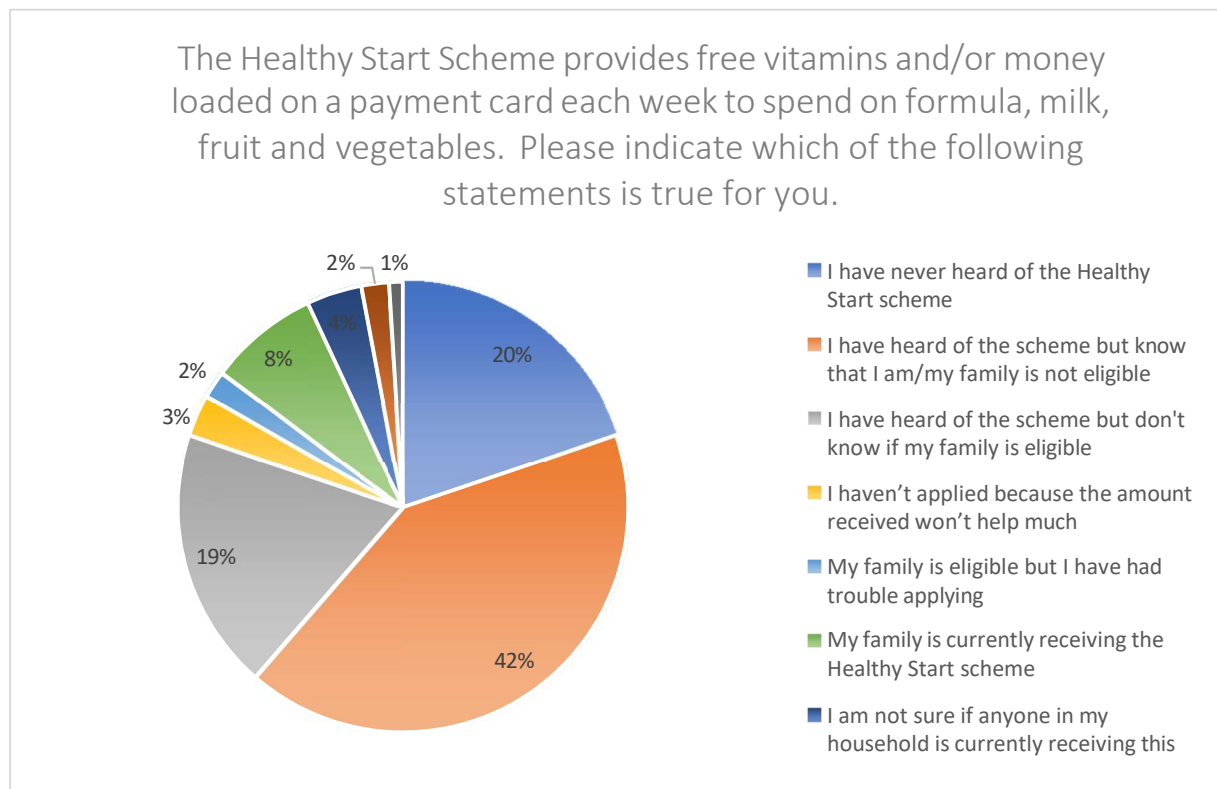
<sup>3</sup> The Food Foundation (2024). Food Insecurity among Single Parent Families. [online] Available at: [https://foodfoundation.org.uk/sites/default/files/2024-03/Single%20Parents%20briefing\\_FINAL.pdf](https://foodfoundation.org.uk/sites/default/files/2024-03/Single%20Parents%20briefing_FINAL.pdf).

meals, 5% were registered but do not get them, 59% were not eligible and 3% did not know.



### **Healthy Start Eligibility**

Respondents with young children were asked about Healthy Start (n. 387). 8% were in receipt of the scheme, 42% were not eligible, 19% didn't know if their family was eligible and 20% had never heard of the scheme.



Nationally, Healthy Start uptake is currently at 66% and the uptake in Cumberland is 63%<sup>4</sup>. The estimated annual cash shortfall to families is £198,393.26<sup>5</sup>.

<sup>4</sup> NHS Healthy Start Uptake Data, June 2024.

<sup>5</sup> This is based on the average weekly payment for March 2023 (provided to Sustain by NHS BSA). Annual cash shortfall is estimated as follows: (number of beneficiaries not in receipt of Healthy Start) X (average weekly payment) X (52 weeks).

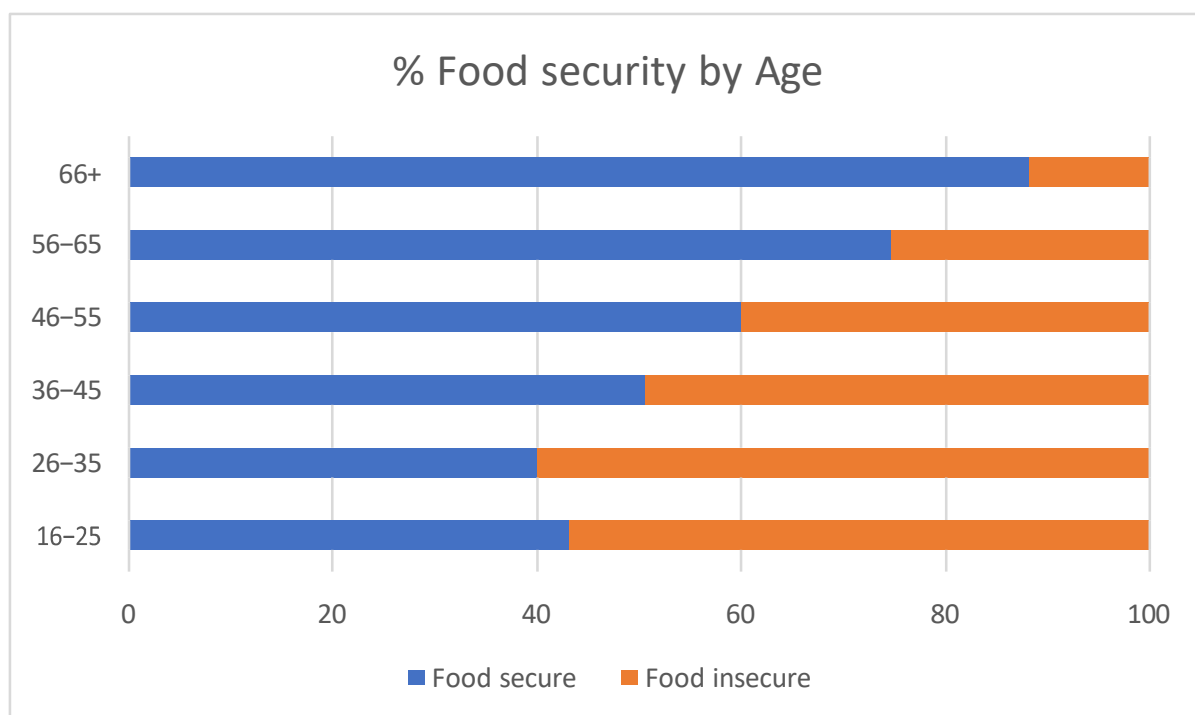
## **Household Food Insecurity by Respondent and Household Characteristics**

The following figures relate to the proportion of respondents who reported they had frequently or sometimes run out of food and did not have money to purchase more, in the previous year. This defines them as food insecure.

Compared with male respondents who completed the survey, female participants were significantly more likely to experience food insecurity. However, as men were underrepresented in the data set, the results need to be treated with caution. This could partly be due to the fact that men are less likely than women to be the primary shopper in the household<sup>6</sup>.

People who identified as being from English/ Welsh/ Scottish/ Northern Irish backgrounds had significantly lower levels of food insecurity compared to people who identified as other ethnicities; we were unable to further characterise other ethnic groups due to the small sample size. This is consistent with national data<sup>7</sup>.

There is a clear age gradient, with those in the youngest age groups more likely to be food insecure. The levels of food insecurity were higher across all age categories in this data set than other research, particularly in relation to those of working age, however the trend is comparable.



Those who attended university were significantly less likely to be at risk of food insecurity than those who had not attended. This is consistent with findings in other national surveys. Figures published by the Department for Education show that working-age graduates earn on average £10,000 more per year than non-graduates

<sup>6</sup> Maynard, M. (2021). Shopping habits: how do they differ between men and women? [online] The Grocer. Available at: <https://www.thegrocer.co.uk/consumer-trends/shopping-habits-how-do-they-differ-between-men-and-women/656959.article>.

<sup>7</sup> Francis-Devine, B. (2024). Who is experiencing food insecurity in the UK? [online] House of Commons Library. Available at: [Who is experiencing food insecurity in the UK? \(parliament.uk\)](https://www.parliament.uk/library/research-briefings/crbs/crbs2024-01/who-is-experiencing-food-insecurity-in-the-uk/).

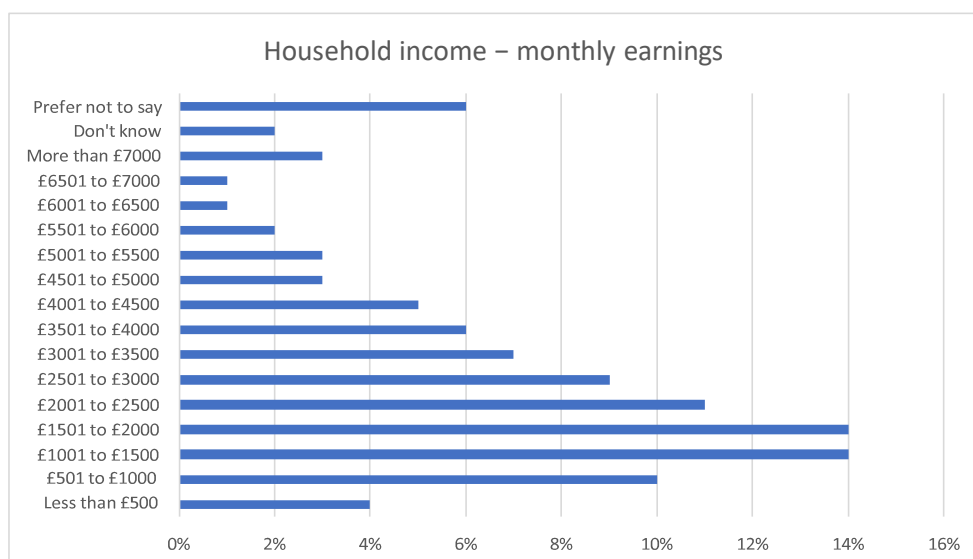


and are more likely to be employed<sup>8</sup>. The contrast in income and likelihood of employment will likely contribute to the rates of food insecurity faced by those who have not undergone higher education.

82% of those not working due to long term sickness or disability experienced food insecurity. Although the prevalence appears to be higher in Cumberland, other research shows that inequalities in food security levels are widening between households with an adult limited by disability and households with adults not limited by disability. Research undertaken by the Food Foundation shows that disabled people are more than 3.5 times more likely to be food insecure than people who are not limited by disability. These disproportionate rates of food insecurity can be a result of income inequalities experienced by disabled people.

There were very high levels of food insecurity among respondents whose income source is Universal Credit (82%), Tax credits (81%), ESA (73%), Income support (75%) and other benefits (63%). Other research has found that those on benefits are more likely to be food insecure<sup>9</sup>. However, the prevalence is much higher in Cumberland (8 in 10 people on Universal Credit experiencing food insecurity, compared to 6 in 10 nationally).

It is worth noting that among households with employment earnings, 35% were classed as food insecure. The median household income in Cumberland is £28,794, which is lower than the national median and could be a contributing factor as to why the prevalence of food insecurity is higher than the rest of the UK<sup>10</sup>. Unfortunately, there is no available data to compare the average household income.



Graph: household income as reported by survey respondents.

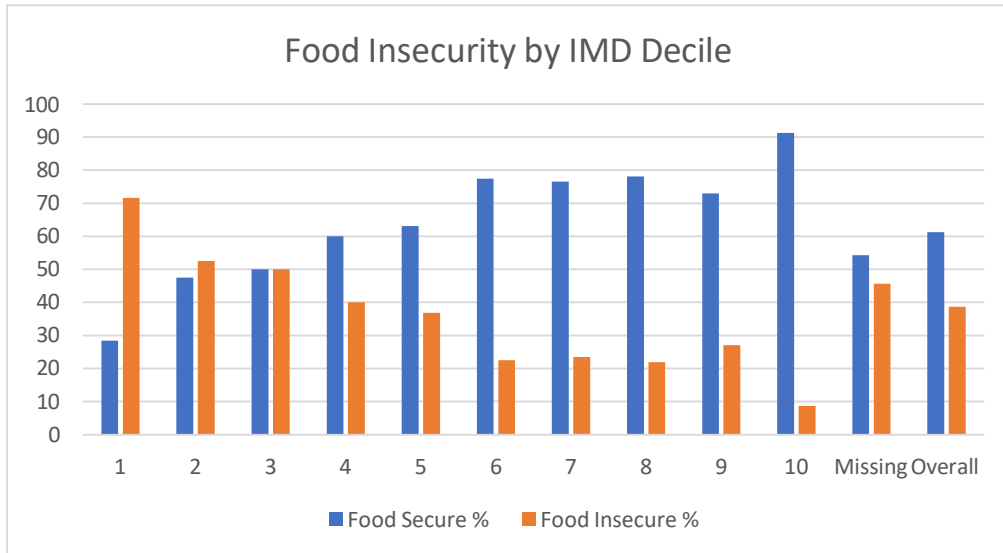
<sup>8</sup> Department for Education (2019). Graduate Labour Market Statistics 2018. [online] Available at: [https://assets.publishing.service.gov.uk/media/5cc0672040f0b640357127a5/GLMS\\_2018\\_publication\\_main\\_t\\_ext.pdf](https://assets.publishing.service.gov.uk/media/5cc0672040f0b640357127a5/GLMS_2018_publication_main_t_ext.pdf).

<sup>9</sup> Bull, R., Miles, C., Newbury, E., Nichols, A., Weekes, T. and Wyld, G. (2023). Hunger in the UK. [online] The Trussell Trust. Available at: <https://www.trusselltrust.org/wp-content/uploads/sites/2/2023/08/2023-The-Trussell-Trust-Hunger-in-the-UK-report-web-updated-10Aug23.pdf>.

<sup>10</sup> Andrews, E. and Croal, P. (2023). Average Household Income, UK - Office for National Statistics. [online]. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/bulletins/householddisposableincomeandinequality/financialyearending2022/previous/v1>.

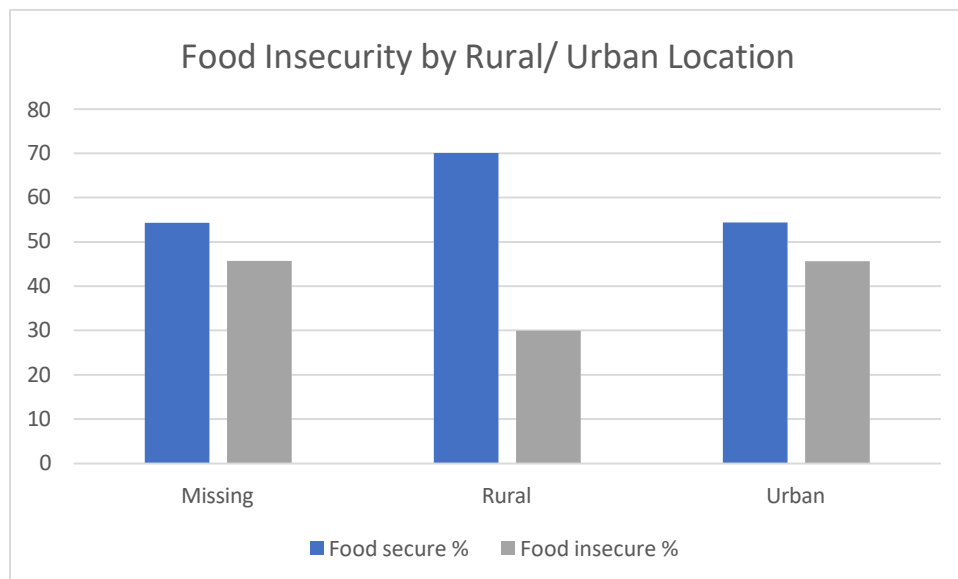
### **Food Insecurity by IMD Decile**

Respondents living in the areas of highest deprivation have higher levels of food insecurity. Provision of respondent postcode was optional, therefore some data is missing.



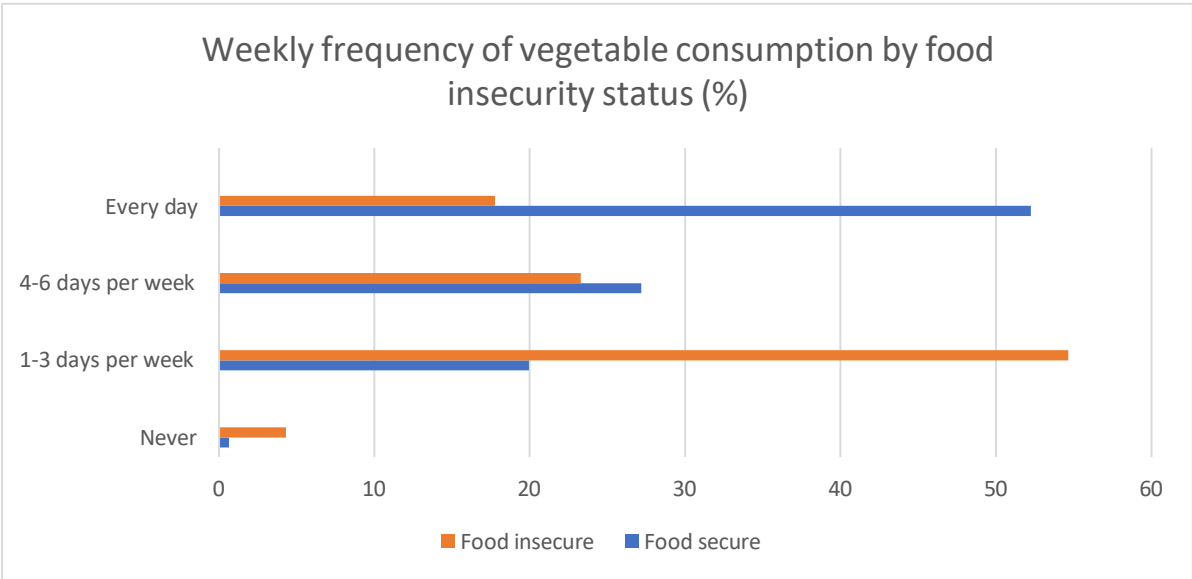
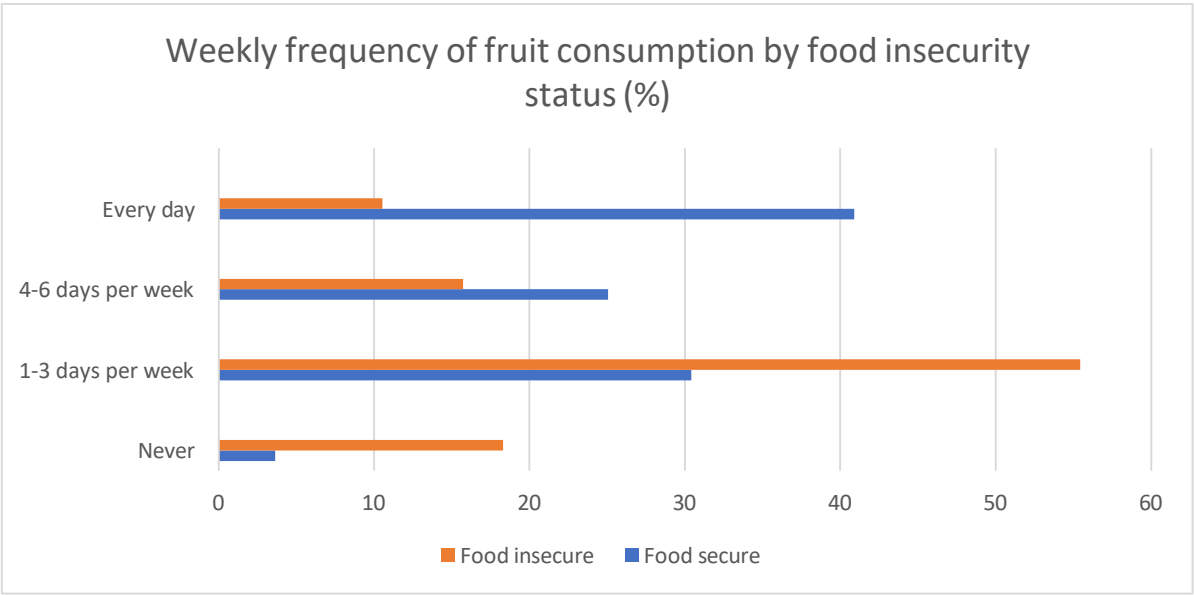
### **Food Insecurity by Rural & Urban Location**

Respondents living in urban areas had significantly higher levels of food insecurity compared to people living in rural areas.



### **Fruit and Vegetable Consumption by Food Security Status**

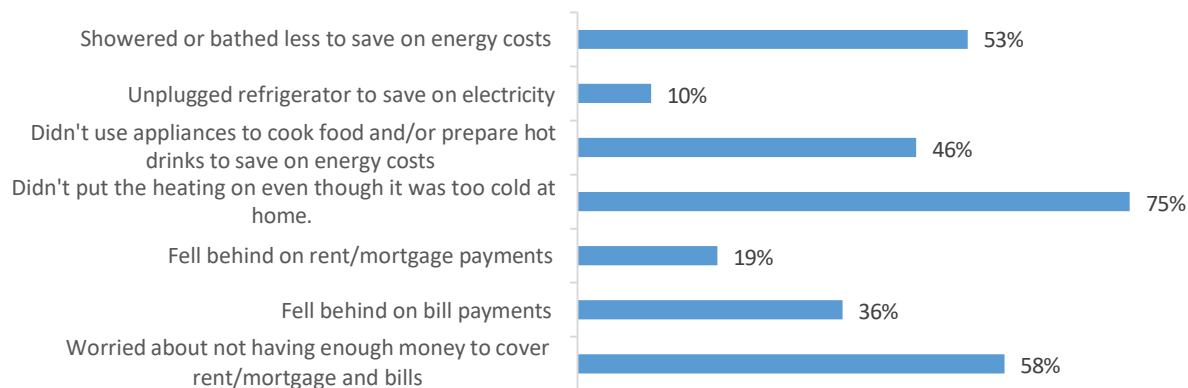
Respondents were asked about their weekly consumption of fruit and vegetables. There was a statistically significant difference, with only 10.5% of respondents who experienced food insecurity in the past 12 months reported consuming fruit every day, compared to 41% of food secure respondents. 52% of food secure respondents reported eating vegetables every day, but among food insecure respondents, this was only 18%.



**Hardship Indicators**

We asked residents about their experiences of other types of hardship over the previous year. The percentage of those who replied “sometimes” or “often” to the following statements are shown below.

## Other Indicators of Financial Hardship in the Sample



## Access to Food

Participants were then asked to affirm if any, from a list of factors, made it difficult for them to access or prepare food over the last year. Lack of finance was cited as the most common constraint with food being too expensive, accounting for 42.0% in addition to insufficient funds to purchase food. Participants also reported several other factors which made it difficult for them to access and prepare the food they needed, set out in the table below. Only 33.3% of the sample indicated that they didn't face challenges accessing food.

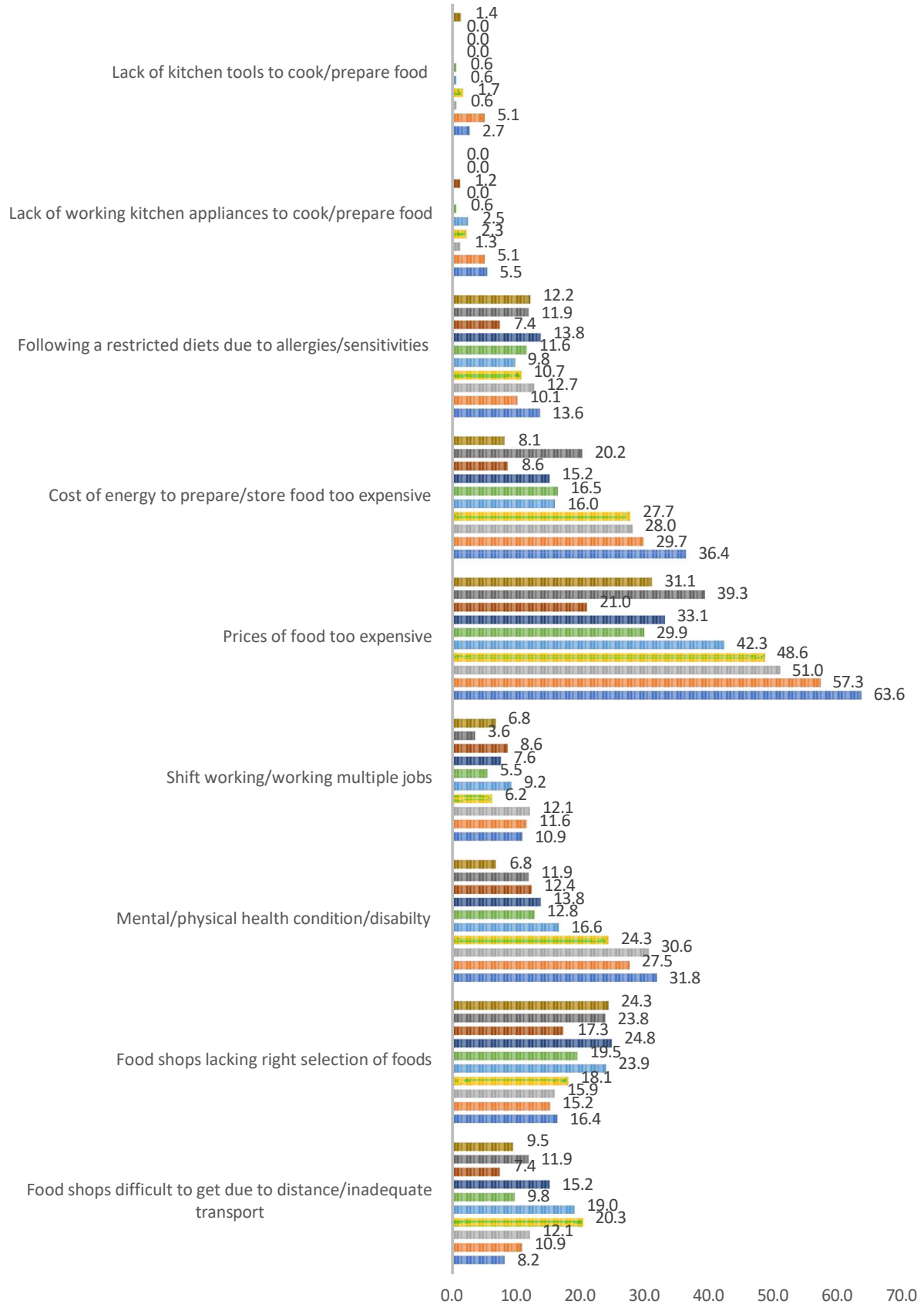
Factors reported by participants that made it difficult to access and prepare food in the last 12 months (December 2023)	n	%
Prices of food too expensive	731	42.0
Not having enough money for food	430	24.7
Cost of energy to prepare/store food too expensive	375	21.5
Food shops not having the right selection of foods	361	20.7
A mental or physical health condition or disability	335	19.2
Prices of fuel/transport to get to shops too expensive	313	18.0
Food shops difficult to get to because of distance and/or inadequate transport	283	16.3
Following a restricted diet due to food allergies/sensitivities/intolerances or other health-related reasons	201	11.5
Shift working or working multiple jobs	170	9.8
Lack of cupboard space/fridge/freezer for storage of food	112	6.4
Lack of working kitchen appliances to cook/prepare food	46	2.6
Following a particular diet for religious, cultural, sustainability or personal reasons (e.g. Halal diet, Kosher diet, vegan diet)	43	2.5
Lack of kitchen tools (e.g. knives, pots, chopping board) to cook/prepare food	22	1.3
Other factors not listed above	19	1.1
None of the above	580	33.3
Don't know	5	0.3
Prefer not to say	4	0.2

The table below shows the proportion of people who affirmed additional issues affecting their ability to acquire food, by IMD ranking.

In areas of higher deprivation, there are significantly higher proportions of people affirming mental/physical health conditions impeding their access to food and that prices of food are too expensive and the costs of energy were also more likely to be highlighted among people living in areas of higher deprivation. The proportion of people indicating a lack of kitchen appliances or tools as issues affecting their food access is overall low in the sample, but slightly higher in areas of deprivation.

# OTHER FOOD ACCESS ISSUES BY IMD DECILE

10 9 8 7 6 5 4 3 2 1

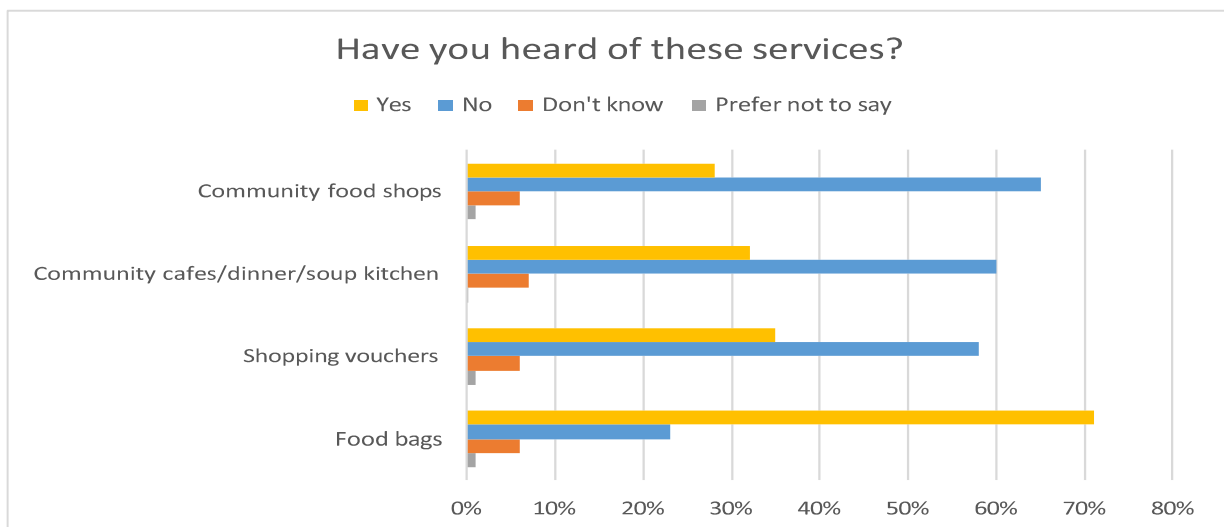


## Knowledge and Use of Community Food Services

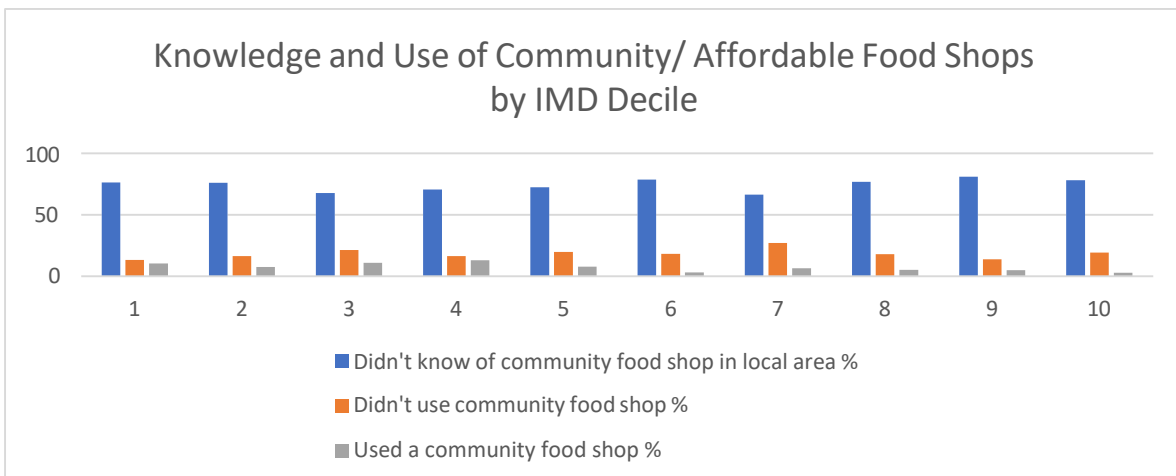
This section aimed to explore whether residents had knowledge and used local community food services. These included:

- organisations or services which provide free bags of groceries for residents struggling to afford food;
- services providing free shopping vouchers or cards for people to purchase food;
- organisations or charities providing free or pay-what-you-can warm and or cold meals;
- and community food shops offering discounted foods or a range of food for a low-cost membership fee.

Other questions were also asked in relation to contacting and use of support services in the last 12 months to help with the rising cost of living.



The chart below shows percentages relating to community/affordable food shop knowledge and use by IMD decile. Use was more common in more deprived areas but was low overall. Knowledge of community food shops appeared quite evenly distributed across areas of deprivation.



## Knowledge and Use of Food Banks

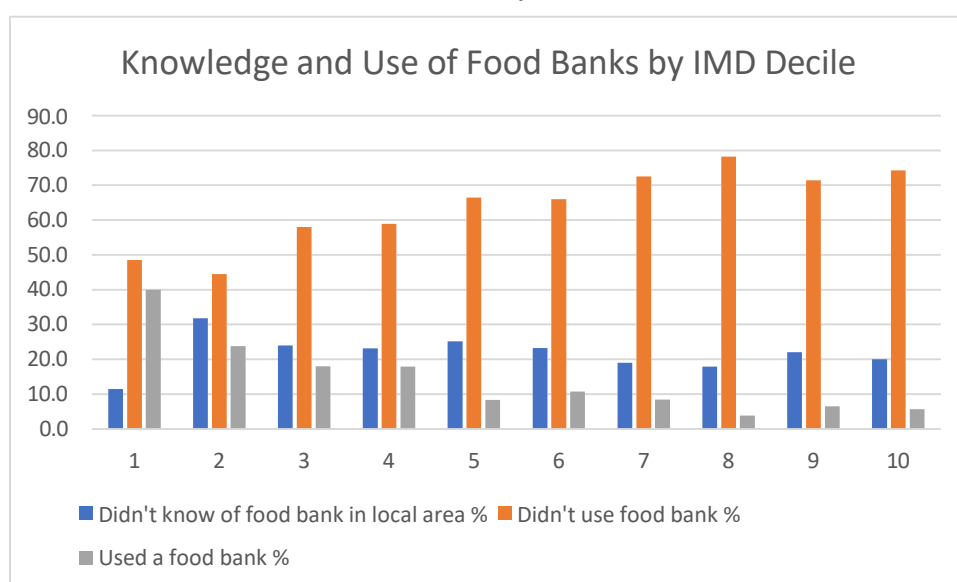
71% of the respondents knew of a local food bank in their area.

41% of households experiencing very low food security used a food bank, but 21% didn't know of one in their local area and 33% didn't use one.

Of those who were experiencing low and very low food security who knew about food banks but didn't use them, 29% would have been too embarrassed to use the service, and 20% didn't know how to access the service.

Among those who used food banks, 68% felt embarrassed about having to receive free groceries, however 65% would like to be able to access the service more often. 51% felt the food offer was healthy, and 36% felt it was difficult to access the service. Most households using food banks were experiencing severe levels of food insecurity, also underscoring how food bank use does not prevent food insecurity.

The chart below shows percentages relating to food bank knowledge and use by IMD decile. Food bank use was significantly higher in more deprived areas. Respondents living in areas of highest deprivation were also less likely to say they didn't know of a food bank in their local area, but a lack of knowledge appeared more common in areas ranked in 2-5 deciles of deprivation.



## Shopping Vouchers/ Cards

58% did not know about the availability of shopping vouchers or cards.

9% had used one.

## Free/ Pay what you can Meals

60% didn't know about free meals within the community.

6% had used one.

## Community Shops

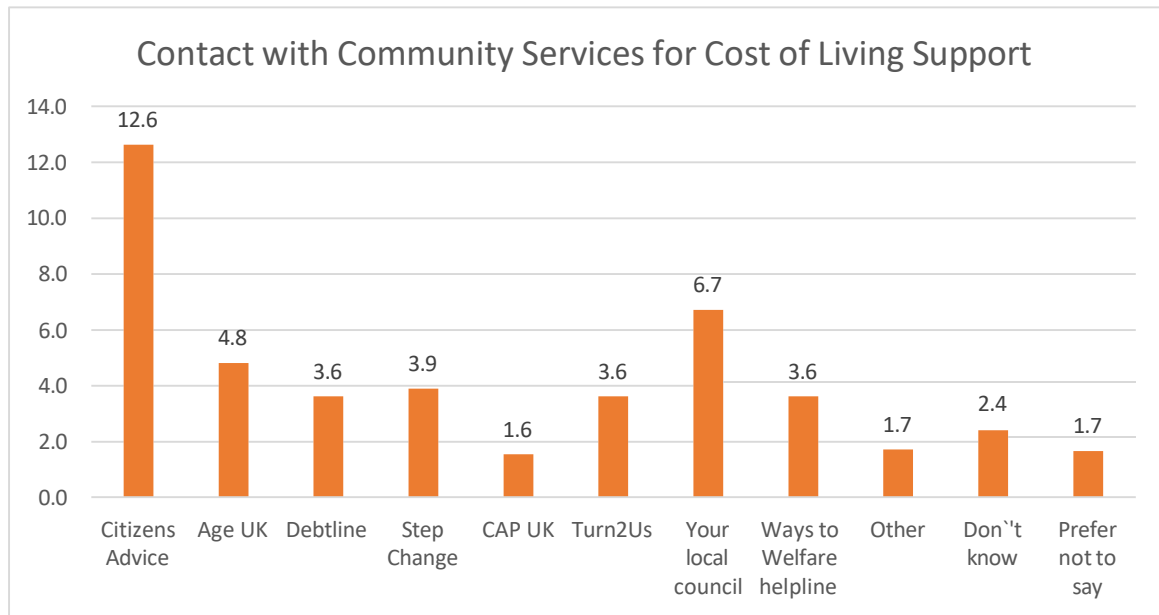
65% didn't know about any community shops across Cumberland.

11% had used one.

## Cost of Living Support

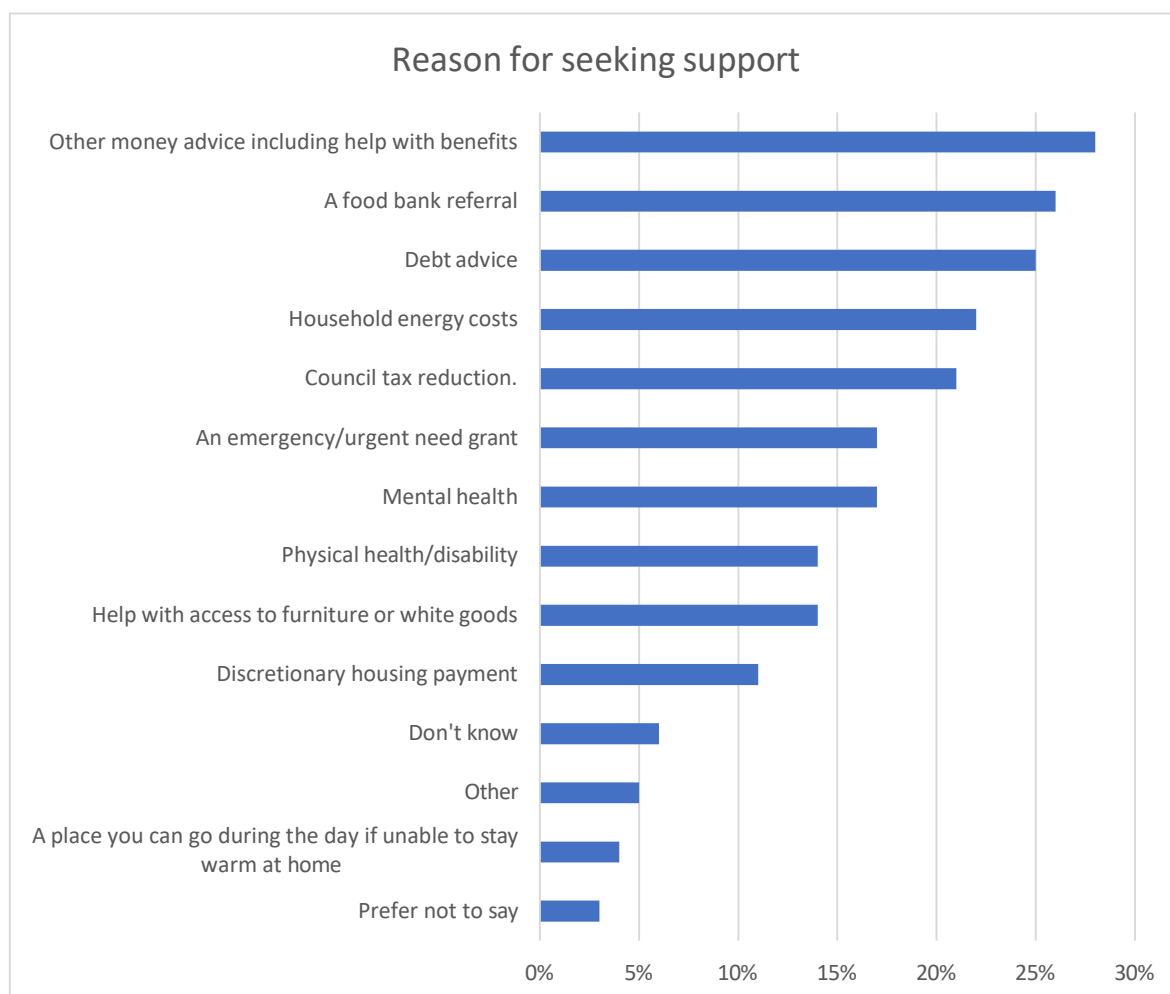
Respondents were asked whether they had used any community services in the last 12 months for support with the rising cost of living. 70% had not sought any support with the rising cost of living. The data suggests that 59% of households who experienced a severe level of food insecurity did seek support and/or information from community services in relation to the cost of living, but 41% did not.

Breakdown of which services were contacted most is provided in the graph below.





Respondents who did contact community services were asked what they sought support for. A breakdown of this is provided in the graph below.



### **Conclusion**

The results have provided an insight into some of the challenges faced by residents of Cumberland. Robust monitoring of the situation is essential to analyse trends and develop strategies to remediate the problems faced by our citizens, and therefore the survey should be repeated bi-annually. The information collated is being used to deliver targeted support to those who need it most, in partnership with the VCFSE sector. The Food Cumberland Partnership has developed a plan to drive action on all aspects of healthy and sustainable food, connecting people across the local food system by supporting and developing food projects with and for communities, in addition to helping partners with their food-related work. The results from this survey have influenced priorities within the Action Plan.

One of the key strategic partnership themes is healthy food for all. There are three networks which focus on reducing food insecurity and wider poverty issues across Cumberland – the West Food and Finance Network, the Carlisle Food Security Network and the newly formed West Cumbria Food Network. Emphasis is placed on ensuring residents retain dignity and have choices. Activities thus far have included working to increase the knowledge of available food, financial and debt support, as well as promoting education, skills, jobs and volunteering opportunities. Work is

being undertaken with referrers to highlight the different food support models available in the local area, including hosting a series of food support networking events allowing referrers to meet food support providers, ensuring appropriate referrals are made and referrers are aware of all available services in the area. Furthermore, Cumberland Council's website signposts residents to a range of cost-of-living advice, including food support. In collaboration with the Independent Food Aid Network, Cumberland Council has also developed a "Worrying About Money" leaflet. This was designed to help people identify available cash-first options and directs them to local advice and support services to maximise their household income. Fair wages are being promoted through commitments such as the Real Living Wage Campaign. The Council pays the Real Living Wage and also encourages partners and local businesses to commit to it. By increasing household income, poverty will be reduced and therefore health and wellbeing of our residents will improve. We will continue to work to increase the uptake of the Healthy Start Scheme (including universal vitamins), free school meals and the Holiday Activities and Food Programme (HAF), as well as increasing the availability of and attendance at breakfast clubs.

Improving access to and promoting healthy food is also a key theme in the Food Cumberland Action Plan. Nationally, progress has been made on reformulation in some categories such as soft drinks, crisps, and some breakfasts cereals. Industry-backed initiatives like "Veg Power", which conceived the successful "Eat Them to Defeat Them" campaign, have shown the value of positive advertising to promote vegetable consumption among children. Our aim is to introduce Healthy Advertising and Healthy Vending Machine Policies in the next 12 months, working with the Food Cumberland Partnership and local industry on a shared endeavour to promote healthier diets. The School Food Working Group aims to improve healthy food within schools and is working with School Food Matters to launch a pilot "Healthy Zones" programme to support schools to create a food environment which puts young people's health on the centre stage. Launching the "License to Grow" pilot will support communities to access council-owned land to grow their own food, extending access to locally grown healthy food, connecting communities, improving food security, increasing health and wellbeing and enhancing biodiversity.

A shift towards healthier and more sustainable food requires widespread participation in food-related activities. As part of the Food, Farming and Countryside Commission's national campaign, the Food Cumberland Partnership will be hosting a series of "community food conversations" to establish what communities want from their food system and encourage them to engage in local food activities. Events will also showcase the work of the partnership and raise awareness of local organisations which can support residents with their needs. Feedback from these events will be used to help prioritise the Food Cumberland Action Plan, allowing for revisions to the Plan as necessary.