

## **“Taking from Peter to pay Paul”: The experience of people in receipt of fuel and food vouchers from a UK Foodbank.**

Running title: Lived experience of food and fuel vouchers

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### **Abstract**

For people on very low incomes, household fuel and food environments are increasingly uncertain. Many live in precarious situations with little control over their lives.

In addition to food parcels, many foodbanks also supply emergency fuel payments. There has been a surge in demand due to the cost-of-living crisis in the UK.

This qualitative study, using semi-structured interviews, explored the lived experience of people who received a fuel voucher via a foodbank to gain insights into food preparation, eating practices and heating and appliance use in their homes.

All participants (n=6) described a change in life circumstances leaving them at crisis point with overwhelming uncertainty. Using Thematic Analysis, we identified four themes: 1) Bewilderment in using foodbank services; 2) The need to make trade-offs between food and fuel; 3) Feeling shame at using the services and 4) Missing out on pleasurable eating practices. Three case studies give fuller insights and context.

All interviewees had acute and complex needs and described being ‘at rock bottom’, with fuel vouchers viewed as a ‘lifeline’ to address essential cooking, heating and electrical appliance needs. We therefore suggest the need for extra support and follow-up for first-time users who are in a state of denial and shock when seeking help. Further research is needed in how to best help organisations develop strategies to address and ameliorate a sense of powerless and shame felt by their clients which likely limits them seeking help, despite being in acute, complex and dire need.

### **Key words**

Inequalities. Food insecurity. Fuel insecurity. Socio-economic factors.

## Background

Originating in concerns about national and global food supply and the World Food Conference in 1974, the definition of food security and household food security continues to evolve (Maxwell, 1996, Maxwell and Smith, 1992, Maxwell and Frankenberger, 1995). For example, this shifted to a greater focus on the individual and household food security in the 1980's with a recognition of self-determination and autonomy in providing households and individuals with choices (Maxwell, 1996). More recently, the concept of agency - the capacity of individuals and groups to make their own decisions about how they relate to food systems - and sustainability have been added to the 'pillars' of food security which also include the established four pillars of: availability, access, utilisation and stability (Clapp et al., 2022, HLPE, 2020). The addition of agency recognises the importance of food systems that are empowering and respectful to ensure agency of the most vulnerable and marginalized (HLPE, 2020). Food insecurity (also sometimes called food poverty, and more latterly, food and nutrition insecurity (Simelane and Worth, 2020)) is when a family or individual struggles to have enough to eat. In high income countries (such as the UK), one definition is, "the uncertainty and insufficiency of food availability and access that are limited by resource constraints, and the worry or anxiety and hunger that may result from it" (Loopstra et al., 2019).

Food insecurity might be triggered by a change in circumstance, a crisis, or can be the result of a long-term lack of access to affordable food. In Europe, insufficient income is the primary driver of food insecurity (Penne and Goedemé, 2021). In the 'State of Hunger' Sosenko et al. (2019) provided clear evidence that the growth in levels of need for emergency food in the UK is strongly linked to limitations and changes in the social security

system available to working-age people, and the way in which these interact with changes in people's circumstances and their access to wider support. The follow up report by the Trussell Trust (2021) came to the same key conclusion that not having sufficient income from the social security safety net is the most significant factor as a driver for hunger in the UK. The report states that this is more often due to how the social security system is designed (who is eligible for what support and how much benefit income is received by people eligible) than due to operational errors with benefit administration. Cuts in social welfare have a disproportionate effect on low income households and, since food expenditure is what many have to cut, it is likely that such householders cannot purchase sufficient and appropriate food for health (Dowler, 2010). In the UK, the recommended healthy, balanced diet is represented in the Eatwell Guide (Buttriss, 2016) which visually represents the amounts and composition of each of the five main food groups (fruits and vegetables, dairy and alternatives, protein foods, starchy carbohydrates and oil and spreads) and discretionary foods in order to meet the UK macro- and micro-nutrient recommendations in a sustainable way. An analysis of the 'Eatwell' guidelines using household expenditure data from the 2015/2016 Living Costs and Food Survey found that 26.9% of households would need to spend more than a quarter of their disposable income after housing costs to purchase foods to achieve the Eatwell Guide, and more than half of these households include at least one child. For households with children in the bottom two income deciles, earning less than £15,860, 42% of after-housing disposable income would have to be spent on food to achieve the Eatwell Guide (Scott et al., 2018).

A recent analysis of food insecurity in the UK, using the 2016 Food and You survey, found that 20.7% of adults experienced food insecurity in 2016 with 2.72% severely food insecure

and that it was associated with being of younger age, non-white ethnicity, low education, disability, unemployment and low income (Loopstra et al., 2019). This study also found that vulnerability to food insecurity had worsened among low-income adults between 2004 and 2016, particularly among those with disabilities. In the UK, State benefits, such as 'Universal Credit' (Turn2Us, 2023) are paid to people on low incomes and the unemployed. Recipients are sanctioned if they fail to meet certain criteria in seeking work. Unemployment benefits have been found to act as a buffer against household income shocks, smoothing food consumption at the micro level (Bloemen and Stancaelli, 2005). Temporarily removing this buffer may therefore affect access to food. There is evidence that sanctioning of benefits in the UK is linked with the rapid rise in the distribution of emergency food (Loopstra et al., 2018). More recent data from the UK Food Foundation Food insecurity tracker (an online survey of 10,814 adults in households with children in the United Kingdom conducted on 31st January - 3rd September 2023 by YouGov Plc) reported that in January 2023, 21.6% of households with children reported that their children had directly experienced food insecurity in the past month, affecting an estimated 3.7 million children. This is compared with 11.6% in January 2022. Additionally, 78% reported being worried about the impact of being unable to afford sufficient food on their children's physical health and 76% on their mental health (The Food Foundation, 2023).

Food insecurity contributes to a myriad of health, social and wellbeing problems throughout the life course. For example, a study in the US, using the National Interview study, found children in food-insecure household had rates of lifetime asthma diagnosis and depressive symptoms that were 19.1% and 27.9% higher, rates of foregone medical care that were 179.8% higher, and rates of emergency department use that were 25.9% higher compared

to other households that were not food insecure (Thomas et al., 2019). A systematic review demonstrated that household food insecurity, even at marginal levels, is associated with children's behavioural, academic, and emotional problems from infancy to adolescence across western industrialised countries (Shankar et al., 2017) and children in households who transitioned from marginally food secure to food insecure (deepening food insecurity) had lower maths and working memory scores (Grineski et al., 2018). For families, household food insecurity is associated with poorer maternal health, depressive symptoms, harsher discipline strategies and greater frequency in conflict between parents in the US Early Childhood Longitudinal Study – Birth cohort (ECLS-B) (Johnson and Markowitz, 2018). In adults, food insecurity is associated with stress-related health problems, poorer mental health and reduced wellbeing (Elgar et al., 2021), depression, anxiety, and sleep disorders (Arenas et al., 2019) and chronic health conditions, such as hypertension, diabetes, stroke, arthritis and chronic kidney disease (Gregory and Coleman-Jensen, 2017). Overall, food insecurity is linked to a higher prevalence of chronic disease, poor management of chronic disease and decreased health-related quality of life in older, community living adults (Fernandes et al., 2018) and food insecure seniors have limitations in activities of daily living comparable to those of food-secure seniors fourteen years older (Gundersen and Ziliak, 2015).

In the UK, fuel poverty is measured using an affordability metric. If the household's required fuel costs are at least 10% of the household's income (after housing costs), that household will be classed as fuel poor (ONS, 2023, Department for Energy Security and Net Zero, 2023) (commonly defined as the necessity to spend more than 10% of income on paying energy bills) and characterised as an inability to secure adequate levels of energy services in the

home. In England in 2022, using the affordability metric, 30.3% of households (7.39 million) exceeded this threshold, up from 20.5% in 2021 (4.93 million) (Department for Energy Security and Net Zero, 2023). Cold homes and fuel poverty affects people's physical health and life satisfaction (Davillas et al., 2021). Exposure to low indoor temperatures increases the risk of respiratory infections and is the leading cause of excess winter deaths with typically, around 30% of excess deaths (the difference between the observed numbers of deaths in a specific time period and the expected numbers of deaths) in the UK attributed to cold homes (Guertler and Smith, 2018, Ambrose et al., 2021) There is a social gradient in fuel poverty: the lower your income, the more likely you are to be at risk of fuel poverty. The 'heat or eat', and in low-income, Australian areas, the 'cool or eat' trade-off argument has been widespread for many years (Bhattacharya et al., 2003, Fry et al., 2023). These inequalities are avoidable and fundamentally unfair and contribute to social and health inequalities (Marmot Review Team, 2011). The UK Fuel Poverty Monitor reports on the causes and impacts of fuel poverty in the UK. Its report in 2022 laid stark that with deficit budgets and nothing left to ration, poorest households were facing desperate conditions, such as eating cold food and living in one room, self-rationing and self-disconnecting. Their research suggested that in the winter (2022), 81% would ration energy, while 55% were already rationing hot water, and 13% were reducing use of essential powered medical equipment, such as such as ventilators, electric wheelchairs, powered mobility scooters or even fridges for insulin and medication with households with pre-payment meters (also known as 'pay-as-you-go' meters which are a type of domestic energy meter that require users to pay for energy before using it. Energy is added by using a smartcard, token or key that can be topped up at a shop or via a smartphone app and are typically more expensive, with people topping up with frequent small amounts) facing the biggest challenges in

accessing support (UK Fuel Poverty Monitor, 2022). People with pre-payment meters are more at risk in the winter months because, unlike direct debit customers, they cannot spread the cost across the whole year (Fuel Bank Foundation, 2023). General Practitioners are increasingly concerned about how this cost of living crisis is affecting their patients (Khan, 2022) for all of the reasons above, with some localities prescribing fuel for those most in need (Iacobucci, 2022). 2022 saw an unprecedented rise in energy costs in the UK, detailed information on this and the capping of energy prices can be found here: <https://commonslibrary.parliament.uk/research-briefings/cbp-9491/> (UK Parliament, 2023). Energy price caps are the maximum price that energy suppliers can charge consumers for each kilowatt hour (kWh) of energy they use. In direct response to this, the government introduced the Energy Bills Support Scheme with for payments from October 2022 to March 2023 (UK Parliament, 2022) (UK Parliament, 2023). Termed, The Energy Price Guarantee, typical levels of consumption were capped at £2,500 per year. This is 27% higher than the summer 2022 price cap and 96% higher than the winter 2021/22 price cap. Gas has increased by more over this period; up by 141% since winter 2021/22 compared to a 65% increase for electricity (UK Parliament, 2023). In addition, as part of the Energy Bill Support Scheme, electricity customers received £400 as a discount on their payments (approximately £66 per month from October 2022 to March 2023) (UK Parliament, 2022). This was paid as a refund on bills for those who paid directly via direct debit from their bank. For those on pre-payment meters, it was sent to people as vouchers. Citizen's Advice, the official watchdog for energy consumers in the UK has, after nine months of extensive consultation, called for a new social tariff to put in place long-term policies to support people struggling with what could be a decade of high energy bills which have left the most vulnerable choosing between heating and eating (Citizens Advice, 2023b).

One response to fuel insecurity is the supply of emergency fuel vouchers for people in acute need. These can be issued via organisations, such as Citizen's Advice and some foodbanks (Citizens Advice, 2023a, Feeding Britain, 2019, The Trussell Trust). Foodbanks have operated in the UK for over twenty years, are run by charities and provide emergency food provision. There is no one database but in 2022 there were estimated to be over 2,400 foodbanks (based on 1,300 run by The Trussell Trust and an estimated 1,172 independent foodbanks) (Francis-Devine et al., 2022, Trussell Trust, 2021).

Our research partner was a foodbank which is part of The Trussell Trust which has over 1,300 foodbank centres across the UK centre and between April 2022 and March 2023 provided almost 3 million food supplies to people in crisis, a 37% increase on the previous year. The foodbank is based in Norwich in the East of England and has eleven centres for emergency food distribution and supported 11,797 people in the same period. In addition to providing emergency food, some foodbanks in the UK also have other services, including offering advice (such as income maximisation and housing advice) and recently have also been a provider of fuel vouchers which are only given to those in receipt of food vouchers. Funding for fuel vouchers may come from a provider such as 'Fuel Bank' (Fuel Bank Foundation, 2023) which works with a network of more than 200 partners across the UK, including charities, community groups and local authorities . They provide fuel vouchers to customers at crisis point for domestic fuel, such as vouchers to top up a pre-payment meter for those on emergency credit or to bulk buy fuel for those not connected to the mains gas network and who do not have the available money to pay this up front. The Fuel Bank Foundation 2023 report forecasts that that fuel costs will increase by 74% for a prepayment customer, rising from £183 a month in January 2022 to a predicted cost of £320 a month in



January 2024 (Fuel Bank Foundation, 2023). Each fuel voucher has enough money to top up the customer's prepayment meter for around two weeks and are typically worth £50. They must be applied for, and the process and eligibility are not standardised. The Fuel Bank Foundation helped over 225,000 people in 2022/2023 with fuel vouchers and practical advice (Fuel Bank Foundation, 2023). It has not been possible for us to establish how many fuel vouchers were issued in total in the UK in 2022. The context for our research was that fuel vouchers were given to clients of the foodbank in conjunction with a food voucher. Referrals were like that for referrals for the food voucher in that people were referred to the foodbank by a referral agency who was fully aware of the client's situation and was supporting them, such as Citizens Advice (Citizens Advice, 2023a). Norwich Foodbank, with their 11 foodbanks, had increasingly noticed over the last 2-3 years that they were giving out more kettle-only parcels ('kettle packs' include soups, instant porridge etc. that only need boiling water) to clients who asked for food that did not need to be cooked. Rather than just giving out 'cold' food items, the fuel voucher in conjunction with the food voucher was a way of providing nutritionally balanced food and the means to cook it and heat your home. Initially it was grant-funded through a Winter scheme from Norfolk Community Foundation, and then it was supplemented by the foodbank through donations (private funding). Evidence is lacking about the interplay between food and fuel poverty at a personal level. Without greater understanding, services cannot be targeted and tailored appropriately to support those in greatest need. Our research sought to understand the circumstances and experiences of people receiving fuel vouchers from a foodbank and the difference these might have made in terms of the food they ate, the appliances they used and the warmth in their homes. The aim of this study was to therefore to explore the day-to-day lived

experience of a small sample of people using a foodbank who additionally received fuel vouchers.

## **Methods**

The lead author conducted an informal interview with a fuel voucher recipient prior to writing the research protocol to help frame the research in an appropriate way, recognising that foodbank use, and talking about poverty, is highly sensitive. We received institutional ethical approval for this study from The Faculty of Medicine and Health Sciences, University of East Anglia in April 2022 (ETH2122-1275), conducting the study from April to December 2022. The study was designed according to the COREQ guidelines (Tong et al., 2007).

We used qualitative methods since this research took a Social Justice lens, an epistemological approach that values emotions, personal relationships, an ethic of care, political praxis and multivocality to purposefully reveal inequalities in society (Charmaz, 2005, Denzin and Lincoln, 2011, Johnson and Parry, 2022). Methodologically, we took an interpretivist approach since we wanted to ask searching questions to understand the women's subjective understandings and perceptions of food and fuel insecurity and receiving charitable aid for this (Denzin and Lincoln, 1998, Pope and Mays, 2020). We applied Case Study methods since we wanted participants to share their experiences and anecdotes in an in-depth way (Merriam and Tisdell, 2015, Yin, 1994, Muellmann et al., 2021). Case study methodology, as described by Yin (1994), is an empirical enquiry that investigates a contemporary phenomenon within its real life context and enabled us to illustrate the personal daily decisions that people were making in terms of fuel use (for cooking and heating) and eating practices as case studies.

Norwich Foodbank, with 11 centres, had approximately 100 clients who used fuel as well as food vouchers in winter 2021/2022. The aim was to purposively sample from spring 2022 these clients (different genders, household arrangements, known disabilities etc.) to enable us to have diverse views particular to their circumstances. Our ethical approval required that the approach was made by the foodbank. When giving the fuel voucher, the manager gave written information if she saw clients face to face or gave the researcher's email address or mobile telephone number (Text: Research) to express interest and get further information. Over thirty approaches were made to people who had been given fuel vouchers in April to November 2022. Those approached were of different genders, household and working arrangements and known disabilities as per our sampling strategy. However, a low response rate meant that the manager approached all new recipients of fuel vouchers from July to November to try to increase the response rate. Only nine people contacted us (via text or email) for further information, and only six agreed to be interviewed - three in person and three by telephone. One potential participant corresponded by email but said he was too busy to be interviewed. As per our ethics protocol, the two others were contacted twice by text, but they did not respond. The sample questions are appended in the supplementary information. Three interviews were conducted by the lead author and three by PB. Both are white, female post-doctoral health researchers experienced in working with disadvantaged communities. Neither have been users of a foodbank. All participants received a £10 shopping voucher to be used in supermarkets or other high street stores and travel expenses as a recompense for their time. As per our protocol, a £10 shopping voucher was also given to the email correspondent to thank them for showing interest. Interviews lasted approximately 50 minutes and were audio recorded, transcribed, anonymised and the recording destroyed.

Participants remained anonymous to the foodbank. Our analysis was inductive, looking for patterns and divergent views drawing on a reflexive thematic analysis approach (Braun and Clarke, 2006, Braun and Clarke, 2020) recognising the highly contextual nature of the cases. The two researchers who conducted the interviews wrote case study summaries and these were then discussed as a team. The transcripts were initially coded against the questions in the topic guide and then compared across cases exploring similarities and inferences whilst also considering the wider political and structural context at the time (the narratives on 'the cost-of-living crisis'). Analysis paid particular attention to context and individual circumstances acknowledging the situated reality of individuals and their interpretations of it. Through team discussion, broad ideas developed which were finalised into four major themes.

## **Findings**

We collected only basic demographic information since the interview was already felt to be invasive. All six of our interview participants were women and all had family responsibilities, and all had changes to their life circumstances which left them at crisis point, with an acute drop in income. Fuller details on Participants 2, 5 and 6 can be found in the case studies.

Broadly, their circumstances were: Participant 1) White British, single, retired with caring responsibilities for an adult child with a terminal illness with acute, significant medical needs and who lived with her; P2) Black Caribbean, British, single mother with a baby who lost her job and became temporarily homeless while pregnant; P3) Non-white, non-British with a husband and young family who had had to relocate over 150 miles and had been rehoused twice (one with no cooking facilities) and had had particular challenges including not having

work when they first arrived; P4) White British, married, who suffered a mental health breakdown after having her third child three years ago, which left her unable to work and the family found themselves struggling financially. P5) White British, widowed with adult children living with her who had recently lost her job following significant physical and mental health issues and had struggled to access benefits and was in the process of selling her house and P6) White British, single, with an acquired disability at a young age (a stroke) which had left her unable to work and needing to claim benefits. Personal circumstances meant that as well as her own child she had also suddenly taken on permanent caring responsibilities for other very young children in her immediate family who were now living with her.

Our four major findings are thematically presented.

#### 1. Bewilderment in using foodbank services

In all our interviews there was a sense of immense uncertainty, including how to access fuel vouchers. For example, one mother was not aware of the service but was initially signposted by a Health Visitor at a Sure Start Centre (now closed) and another as a Social Prescription from a doctor's receptionist. They talked of shock, of being overwhelmed with worry and a sense of paralysis when they were first needing to access the service:

*I wouldn't have known about it if that receptionist hadn't said. I was wondering about a foodbank but I was thinking where do I actually go to access something? I didn't know nothing about all these little charities and stuff like that. And councils don't have anything on their websites. I was on Google going round in circles. All these things are going round and round in my head, and I just don't know where to turn. (P5)*

*If it wasn't for Norwich Foodbank, I'd have had no electric or gas because I ran out and I just can't manage. So in my house, no lights on unless it is necessary, don't put the oven on if it is not necessary. But you know, as a family we will get through it.*

(P6)

There was a recognition that people were at 'rock bottom' before they sought help and that a food parcel or fuel voucher was only a temporary respite. There was the feeling that an opportunity for more holistic support was potentially missed. This was neatly summarized by one person: A follow up phone call to say '*how you're coping? I don't think anybody ever got back to us, so the effort made to say to somebody afterwards "Oh, how's your situation?" Would somebody have the time to do that? Maybe they do it, I don't know, but nobody's ever done it to us.*' (P6)

## 2. The need to make trade-offs between food and fuel

All our interviewees described the emotional toll of constant awareness and vigilance required to plan and make trade-offs between food and fuel daily, including putting their child's needs before their own. They all gave unprompted examples of planning and tenacity to get by.

*If I've just got to put the oven on just to cook one meal, well then I won't do it. I'd rather get a tin of soup and warm that up. If I cook a meal you have got to think, work your budget out, work out how much will it cost, how much more money will I need to have to put on, can I afford that, or would it be easier to just open a tin of tuna and make a sandwich. Because the choice is that you starve or you eat or you*

*give up and I don't think at this time, in this place, that should be a choice that you should have to make. (P2)*

*I feel I have to stick to the rice and the pasta because these things are filling and last the longest... Planning ahead you can't be adventurous, and it can be a bit tiresome eating the same all day but it's better than not eating at all ... I will always feed my child. I don't care if I'm in debt to fuel or something, my child will always eat. (P3)*

Two of our participants were very conscious of the cost of running washing machines (electricity and metered water), which was especially challenging in winter with bulky clothes to wash. Another described not flushing the loo every time and using a bucket for washing.

*I've gone back to using a bucket like we used to do in [country of birth]. It's just anything just to try and save a little bit of money, to have something left over to feed [child]...I think the saying is 'taking from Peter to pay Paul' and that's exactly what's happening. (P3)*

There was the fear of unanticipated costs such as a washing machine or car repair.

Most of our interviewees discussed pre-payment meters. One described them as helpful for budgeting, but this contrasted starkly with another participant who had had five days without gas for hot water and heating in November 2022 whilst waiting for a 'top-up'.

*I'm on a pre-payment meter because then I can know what I am doing. If I can afford it. £30 a week, but that doesn't last. If they stopped the standing charges, that wouldn't be so bad, but the daily rate of standing charges which makes it hard for people. You put £10 on thinking that should last me bla bla days. They don't realise*

*they take off so much per day and when you look at it you think, I know I put a tenner on it, why has it gone down like that, gone down that much. (P2)*

Our interviewees talked about searching online for recipes to work with the ingredients from the food parcel (one had made fish cakes out of smash and tuna, another 'cowboy shepherd's pie' with beans and tomatoes) and thought others could benefit from more direction on appropriate recipes to make life easier for them. Several of them also talked about slow cookers, but they weren't clear about how energy saving these were. Others suggested cooking ideas (and even cooking classes) with low energy usage, including what to do with any leftovers and multiple uses for mince. Several of our interviewees also suggested help with energy saving, such as using bubble wrap and draft excluders and thought that an advice leaflet would be helpful since they had been looking for this information online and that they would appreciate advice coming directly from a trustworthy source.

### 3. Feeling shame at using the services

Amongst all our participants there was shock and a sense of stigma in needing to use a foodbank and to get help with fuel which was interlaced with feelings of guilt as well as hesitancy about approaching the service. For example:

*Older people won't come, they would rather do without than come in. You think everyone is looking at you, you know? But the shame. People feel ashamed and pretend they can cope but believe you me, if you can't cope, you can't cope. If you*



*can't cope, admit it. It is not good for your health, it's not good for your mental health. (P1)*

Another reflected on her own childhood.

*Poverty, it sticks with you. No matter how old you get. I remember that pain from a young age and it's something I never want him [their child] to go through. I had to get to the point where it's either I eat or I don't, I go without. I think shame is a killer isn't it, it's the embarrassment. (P3)*

Anecdotally, during our preparatory work, volunteers and staff at the Foodbank talked to us about the different emerging profile of foodbank users – people in full time work and people who would have previously given to a foodbank, rather than being a user of it. This was somewhat born out in our interviews, although the sense of shame persisted with the risk of chronic shame emerging.

*I didn't know this foodbank existed. Or even if we'd be able to go. I wouldn't have been bold enough to ask for it, but my husband, he'll ask for anything, he's not afraid he's like - If we don't ask, we don't get. But if we hadn't got, I'm not quite sure how we would manage. (P4)*

*Because you're someone you know who's gone from being a working professional, you know, looking after yourself and being able to take care of your household. So to have someone that shows no embarrassment to you and makes you feel OK, it's invaluable. It's this that is priceless. (P6)*

#### 4. Missing out on pleasurable eating practices

There was much stoicism amongst all our participants but also a feeling of missing out, such as the social interactions around eating, past treats and opportunities for their children.

*I can't invite people over for dinner anymore. Whereas in the past, I'd say, come over for dinner, I'll do a starter, main course and all that. Now I can't even invite my family, because I wouldn't be able to feed them. And that does hurt. (P1)*

*But it's still upsetting 'cause sometimes I'll see what everyone else is getting their children and I'm like [sighs] ... some months I don't know how I'm going to feed him. (P3)*

One mother talked about her children missing out by not being able to have friends over and she recognised that not being able to be sociable with others affected her wellbeing and that *'trying to balance it all out'* could be really challenging. (P4)

## **Discussion**

The findings give insight into the precarious lived experiences of people on low income, with little control over their lives and in crisis, needing to access emergency charitable fuel and food via a voucher system. We demonstrate how some of our poorest households in the UK are making multiple daily trade-offs between household fuel for domestic appliances (such as cooking stoves and washing machines), heating and washing and eating practices and how compromised their lives and wellbeing are due to constant worry, uncertainty and need for planning.

Behavioural risk factors largely explain the differences in healthy life expectancy and health outcomes between low-income and the most affluent communities (Marmot, 2020) and highly uncertain household fuel and food environments have long term implications for

health and inequity (Marmot Review Team, 2011). A suboptimal diet that does not meet healthy eating guidelines is the number one modifiable determinant of healthy life expectancy and chronic disease risk globally, and, in the UK, is responsible for up to 20% of the population attributable fraction of years of life lost (Afshin et al., 2019, Steel et al., 2018) and a major contributor to the 19 year difference in healthy life expectancy between the most and least deprived areas in the UK (PHE, 2022). The very stark accounts that we were given lend support to a recent study showing that people on pre-paid energy meters (typically these are people on low or uncertain income) eat on average three portions fewer vegetables and fruit per week than those who pay by direct debit (Burlinson et al., 2022) and it is widely accepted that eating a healthful diet is more expensive and outside the budget of those in the bottom two deciles (Scott et al., 2018). Higher socio-economic groups consume up to 50% more fruit and vegetables, 29% less red and processed meat and 20% less sugar relative to lowest socio-economic groups (Maguire and Monsivais, 2015).

Our findings show considerable resourcefulness and budgeting by our all our participants. Their desire for further support suggests a missed opportunity for holistic support to include energy saving advice and nutritious and energy-efficient cooking that warrants future research. Campaigners such as Jack Monroe (<https://cookingonabootstrap.com/>), demonstrate that healthy and pleasurable meals can be made on very tight budgets. The circumstances of our participants, and the case studies that we append, show the sudden and unanticipated situations that drive the need to access emergency food and fuel and chimes with similar work in Scotland (Douglas et al., 2015).

Our participants had all received fuel and food vouchers at a time of acute crisis, but our findings align with the report by UK Fuel Poverty Monitor (2022) that some households require deeper, longer-term, targeted support. However, the arguments over whether foodbanks are the organisations to provide this support are complex. A foodbank, ideally placed as a trusted provider in communities, might be in a position to offer holistic 'wrap around' support or social prescribing beyond the point of acute need for people who are too often socially excluded from opportunities and services that could support them. This could include follow up, such as offering a phone call to check up on them and their needs. This is likely to be valued and appreciated. We do note however, that this may be beyond the capacity of what a foodbank can offer and also the complexities around social prescribing. Many foodbank organisations face chronic problems with funding, donations and facilities and would be ill-equipped to do this (Husk et al., 2020).

Such holistic support is being explored in the work with food pantries in the US. For example, the 'Fresh Start' programme which addresses the root causes of hunger (Martin et al., 2019, Sanderson et al., 2020). Using the 'More Than Food' framework (Martin et al., 2016), the Fresh Start program incorporates the three Cs of choice, connection, and culture. A coach works with participants over a nine-month period to build trust and motivation with the client focusing on small goal-setting to bring more stability into their lives. Example activities include computer skills and preparedness for work. The programme culminates in a graduation ceremony. The programme shows much promise in self-sufficiency (the ability to make ends meet with limited reliance on government assistance), food security and diet quality over time with average consumption of fruits, vegetables, and fibre increasing and evidence of scalability (Martin et al., 2019, Sanderson et al., 2020).

However, we recognise that there is a need for some caution in ‘normalising’ food and fuel vouchers as a charitable response to systemic and structural failings in the state safety net, manifest in entrenched inequalities and food insecurity with foodbanks contributing to an industry around poverty and the welfare landscape. The Trussell Trust and the Independent Food Aid Network (the major foodbank providers in the UK) state that foodbanks are only a temporary way to supply emergency food aid, not a long term solution to household food insecurity (Francis-Devine et al., 2022). Nevertheless, it is argued that the rise and prominence of foodbanks is the embodiment of a wider political–economic trajectory of social policy change and reduced state provision and that the practice of involving state professionals in referring or signposting people to foodbanks lends support to the argument that foodbank vouchers are becoming a routine aspect of the administration of social security and social care in the UK (Lambie-Mumford, 2019). Food charity can also be unaccountable to those that it serves, their accessibility can be highly varied and recipients lack any rights or entitlements in these systems (Lambie-Mumford, 2019). A critical appraisal of food banking in the UK draws attention to some foodbanks operating within a set of highly restrictive, and stigmatising, welfare technologies (such as eligibility criteria for a food voucher) with concerns of procedure and due process over responsiveness to need (Williams et al., 2016). Additionally, there are inequalities in foodbank provision such as foodbanks in more remote areas struggling to secure sufficient donations to meet demand because people tend to donate to the larger supermarkets at which they do their main shop, or in the larger towns and cities in which they work (May et al., 2014). Moreover, a normalisation of emergency foodbanks as an everyday response to austerity can mean there is scant motivation for policymakers to seek alternatives (Garthwaite et al., 2015).

Some (non-academic) reports suggest that the sense of shame at having to use a foodbank has been somewhat mitigated by the change in profile of their users and an increase in the numbers of those compelled to use them during the current financial crisis. Shame, which in its nature is insidious, pervasive and pernicious is increasingly recognised as a determinant of ill health and can lead to further avoidance of help due to reinforced feelings of hopelessness (Dolezal and Lyons, 2017). This study dug deeply to unpick and understand the experience of people in receipt of fuel aid, an everchanging and increasing population. A deeper understanding of concepts such as shame, missing out and having to make trade-offs on a daily basis to achieve basic needs is crucial for identifying ways to support individuals accessing services which may be able to help with longer term, more holistic solutions. A sense of shame, stigma and hesitancy about accessing the support remained a strong thread permeating all our interviews and is illustrated in our case studies (Appended) which is a major long-term concern. Our findings in this UK study echo that of an ethnographic study in Australia at food hubs (often called social supermarkets in the UK) which noted that shame is at the heart of poverty (McNaughton et al., 2021) and a narrative review on shame, stigma and social exclusion in women in high-income countries noted that the hidden costs of foodbanks, namely the stigma and indignity surrounding their use, can be so great that they can prevent individuals experiencing food insecurity from accessing them at all (Pineau et al., 2021). A scoping review by Middleton et al. (2018) went further, concluding that although participants value the service provided by the foodbank, the experience can be largely negative and the psycho-social impact (shame, embarrassment, degradation, humiliation, awkwardness, failure, desolation, intimidation, guilt, discomfort, powerlessness, inequity, nervousness and frustration) raises questions about the foodbank model as a long-term strategy. The ethnographic work of Kayleigh Garthwaite, including

insider observations as a volunteer at a foodbank (Garthwaite et al., 2015, Garthwaite, 2016) points to the stress and shame of using a foodbank, despite the, “sense of community that volunteers aim to foster in the foodbank – tables set up café style, pretty orange, pink and white checked tablecloths, plates of biscuits and little crystal bowls of sugar for tea and coffee attempted to create a non-judgemental and relaxed atmosphere”.

This distress is emotionally draining and psychologically damaging. Food and appropriate shelter are the most fundamental physiological needs, security in both enabling our more refined needs including belonging and self-esteem. Insecurity in these most basic needs will impair the ability to satisfy feelings of belonging and self-esteem (Maslow, 1943). There was hesitancy amongst our participants to use the services and a sense of powerlessness appears to be a prevalent theme amongst those who seek out the services of a foodbank (Douglas et al., 2015). We therefore suggest the need for extra support and follow-up for first-time users who are in a state of denial and shock when seeking help.

### **Strengths and Limitations**

The main limitation of the study is the small number of participants. Despite the best endeavours of the manager of Norwich Foodbank, only nine participants requested further information and, in the event, only six people consented to participate. These recruitment challenges have been reported in similar populations. For example, another UK study of foodbank use found a similar difficulty in recruiting for interviews (Douglas et al., 2015). The voices of foodbank users and those experiencing food and fuel poverty are seldom heard, including in the context of health and nutrition research, and therefore every narrative can provide a richer understanding for those not in this circumstance. We have a self-selecting

sample who may not represent the experience of others accessing foodbanks and our participants were all female. However, they were from a diverse range of demographic backgrounds (age, non-British, household composition, living circumstances including rural and urban) and the Case Studies give detailed context to three of our participant's lives. The foodbank only collects ethnicity and known disabilities (including mental health) data and does not collect any data on gender. The manager of the foodbank informed us that approximately 50% of their foodbank clients are single adults, 20% are households with 2+ adults and 1+ children, 15% are single parent (1 adult and 1+ children) and the remainder are adult couples or other make-ups. The sample may therefore not be representative of foodbank users per se, or of fuel bank users in other foodbanks. The participants brought their own unique stories of personal circumstances which had led them to the point of needing the support, as detailed in our description of the participants and in the three case studies. These factors may limit the generalisability of our research although ultimately we are confident that the powerful and granular information from our participants, each with diverse stories that are captured in our findings and Case Studies give in-depth insight into people in fuel and food crisis (Malterud et al., 2016). Our data was collected from May to November 2022. It is not possible to disaggregate whether the narratives were affected by Covid-19, the effects of austerity or the cost-of-living crisis. Our suggestion is that they are an amalgam of the three.

## **Conclusions**

In conclusion, our findings point to the very real hardships faced by many who are at a point of crisis, 'at rock bottom' when they access a foodbank and receive fuel vouchers. They suggest that people are compromising on the essentials; nutritious food purchasing, , the



use of household appliances for cooking and washing (themselves and clothes) and warmth in their homes and have a sense of 'missing out' on enjoyable and sociable eating practices. It is critical that we identify ways to support individuals to access services which may be able to help with longer term solutions. There is a need for extra support for first-time users of fuel support who are in a state of denial and shock and feel a profound sense of shame when recognising their need for help. Further research is needed in how to best help organisations, such as foodbanks, develop strategies to address and ameliorate a sense of powerless and shame felt by their clients which likely limits them seeking help, despite being in acute, complex and dire need. In the words of one of our participants, who talked about the stigmatising effects of poverty: *"Poverty, it sticks with you. No matter how old you get. I remember that pain from a young age"*. Continuing efforts to address and ameliorate a sense of shame are vital to ensure people do not feel judged and are able to access support.

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### **Conflict of interest**

The authors have no conflicts of interest to declare.

### **Data availability**

Our data is available on reasonable request.

## Case studies

### **Case study 1: Woman with young child and not currently working (Participant 2)**

This participant described finding herself at a point of acute crisis when she lost her job and became temporarily homeless while pregnant, before moving into a flat where she and her young child currently live. *"When I first moved into my flat...I didn't have much, couldn't afford anything, so I had no choice, I do understand that foodbanks were supposed to be just like sort of a plaster over something, but when I first moved in, I desperately needed it."* The help had made a huge difference to her: *"without that, some months I don't even know how I would get through"*. Fuel insecurity was a source of anxiety for her, and she described the fuel voucher as having *"answered my prayers...it's been fantastic"*.

The £50 voucher received during the summer had been sufficient to cover a month's fuel costs at that point, but she was acutely aware of the implications of winter approaching: *"In the winter, I don't know how I'm going to cope. I have no idea"* and was intensely planning and employing strategies to help prepare herself for this. These strategies and 'trade-offs' included cooking in bulk once a day only, planning meals carefully and using cheap, filling foods, limiting use of electrical appliances including the television, taking her child out of the house as much as possible to save on bills, limiting use of water (flushing toilets, washing using a bucket rather than a bath) and using Google to explore ways to better insulate the house.

As one component of these trade-offs, she reflected on her child's first birthday and said *"I just felt terrible 'cause I couldn't give him what I wanted to... just waiting until he's a little bit older so I can go back to work and hopefully things will get better. He's not going to remember, that's all I kept trying to tell myself. He got some clothes and like a toy or two and a birthday cake. He doesn't really care. But it's still upsetting 'cause sometimes I'll see what everyone else is getting their children and I'm like [sighs] ... some months I don't know how I'm going to feed him"*. Feeding her child remained her ultimate priority: *"I will always feed my child...I don't care if I'm in debt to fuel or something, my child will always eat."*

### **Case study 2: Woman with severe disabilities who had previously had a professional job (Participant 6)**

This participant had acquired disabilities which had left her unable to work and she was claiming Personal Independence Payments. Personal circumstances meant that as well as her own child she also had caring responsibilities for other very young children who were now living with her. She was still in disbelief, having been a professional and very capable person but now having to rely on the state and having to resort to foodbank use and fuel payments. This had left her feeling very vulnerable as she had always prided herself on taking care of her household and described herself as *'at rock bottom'*. She was worried about what being so cold (she was wearing three fleeces during our telephone interview) would do to your long-term health.

Our interview was in November during the first of the cold weather. She had been put onto a pre-payment meter when she started claiming benefits and there was a delay in payments that she was owed from taking on additional caring responsibilities and you *'can only make your money stretch so far'*. At the time of our interview the family had not had gas (for

heating) for two days and the next financial payment was due in three days. She said, *'I'm clutching at straws on where to go for support'*. She was making the best of it by making hot chocolate and hot water bottles into a game and a fun experience *'a bit of an adventure'* for the children. It was really important to her to *'make sure that everything is OK for the children and they can't see any different'*.

She was surprised at just how bureaucratic all the referral systems were. The government payments for electricity (Energy Relief Bill) were very helpful to her but that did not apply to the gas for her heating or hot water.

She was very keen that her story was heard. The thing she appreciated the most was that she was not judged. She was surprised at how kind and understanding all the staff and volunteers were, this *'was priceless'*.

### ***Case study 3: Woman newly referred to the foodbank (Participant 5)***

This participant was living in a village near a small town, with poor public transport connections. Profound physical and mental health issues over the past year meant she found herself unable to continue in work and she has struggled to access benefits. She wants to and is trying to support her children financially too and she also helps care for her elderly mother. Although the interview was conducted in mid-winter, she had not yet turned the heating on, was trying to keep warm by covering up with blankets while also saving energy by limiting use of appliances such as kettle, TV and washing machine, and batch cooking food.

Feeling completely overwhelmed by her situation and *"broken down"*, she attended an appointment with a Social Prescriber based at her GP practice, who referred her to the foodbank. This was a form of support she had already considered but felt uncertain about her eligibility or how to access: *"I was wondering about a foodbank but I was thinking where do I actually go to access something?...I didn't know nothing about all these little charities and stuff like that"*. She felt embarrassed about going: *"I'm quite a proud person. I didn't want help"*, but on arrival was reassured by the sensitive and reassuring welcome from the staff. She described finding the support from both the social prescriber and the foodbank as a lifeline, without which *"I would have gone right under 'cause I wouldn't have known where to turn"*.

Relatively recently referred, she has so far received a food parcel and a fuel voucher for £50, but was uncertain about some aspects of the provision, for example: whether she would be eligible for any further fuel vouchers in the future, how she could collect the box if she sold her car, and whether the foodbank was accessible at other locations.

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