

**Financial insecurity, food insecurity, and disability: the profile of people receiving food assistance from Trussell Trust Foodbanks in Britain.**

**Technical Report**

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# Section 1 Survey design and methods

## 1.1 Overview of research approach

This project was motivated by the need for detailed data on who is using Trussell Trust food banks and why. Funded by the University of Oxford's ESRC Impact Acceleration Account and The Trussell Trust Foodbank Network, this project was a collaborative effort between researchers and The Trussell Trust to design a survey methodology that would enable robust and detailed data collection across multiple food bank sites at low cost. The project focused on quantitative data collection, as, to date, most studies have been qualitative or case studies. The aim was thus to produce a large quantitative dataset to enable examination of the socio-demographic profile of people using food banks and to estimate how prevalent experiences of income shocks, welfare reforms, health conditions and disability, and household food insecurity were in the sample.

The scope was **national**, including food bank users across The Trussell Trust Foodbank Network throughout Great Britain.<sup>1</sup> The study was designed to be **representative** of food bank users in across Trussell Trust food banks, so that results could be generalised across the Network.

Our approach for data collection in the majority of participating food banks was through **volunteer-led participant recruitment**. This involved our researchers travelling to each food bank in the sample to train food bank staff and/or volunteers in how to recruit and support participants to complete the questionnaire. Our researchers then supported food bank teams remotely to run the survey for four weeks of data collection.

## 1.2 Sample design

In the design phase, we constructed a multi-stage survey design of food banks in The Trussell Trust Foodbank Network that would enable the selection of a representative sample of food bank users over October to December 2016. In practice, and in keeping with a volunteer-led model of survey implementation, a strictly random and probabilistic approach to sampling could not be adhered to. Here, we describe how our sample was designed, and then how this approach was implemented. The study protocol and all study materials received approval from the Research Ethics Committee of Department of Sociology (DREC) at the University of Oxford.

### *Stage 1: Selection of food banks*

We used the Trussell Trust membership list of 401 operating food banks in England, Scotland, and Wales over 2015/16 as a sample frame for the selection of food bank sites, with a goal of recruiting 30 food banks. These were stratified into Government Office Regions, namely Scotland, Wales, East Midlands, Yorkshire and Humberside, North East, South East, South West, West Midlands, London, and North West. In each area, between two and six food banks were selected, proportional to the number served in each region. The

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<sup>1</sup> The Trussell Trust operates throughout the whole of the United Kingdom, supporting 420 food banks across England, Scotland, Wales and Northern Ireland. However, it was out of the scope of our study to include Northern Ireland due to logistical challenges.

number of food banks selected in each region was proportional to the numbers fed in the region in 2015/16 – so more sites were selected where more people were fed (i.e Probability Proportional to Size sampling (PPS)). From here, the goal was that each food bank would try to recruit 40 participants in a four-week surveying period, resulting in equal probabilities of selection.

### *Stage 2: Selection of individuals within food banks*

Food bank volunteers and staff recruited participants. We detail below how we engaged and trained food banks in this process. Initially, a flow sampling approach was considered, but after consultation with food bank managers, we learned that this could not be implemented around food banks' own intake procedures. In most food banks, clients are greeted by a volunteer, then sit down to have a chat and fill out their food preference form. This can take varying amounts of time and often many clients come in at the same time, making it impossible to select individuals to do the questionnaire at regular intervals. Thus, it was decided that clients would be asked to participate after the intake process; that is, while waiting for their food parcel. The next person approached would be whoever was free once a tablet was again free for use. This meant that people who received food parcels quickly and left quickly were less likely to be asked to do the survey, though a survey of 180 Trussell Trust food bank managers conducted during the planning phase of this research (Spring 2016) found that most food banks see people throughout their sessions and most people spend 5-10 minutes before receiving their food parcel, providing a window of time to be asked to participate in the survey.

Food banks were asked to run the survey in as many sessions and at as many distribution sites as their volunteer resources allowed during a four-week period.

## **1.3 Food bank recruitment and participation**

### *Food bank recruitment process*

Recruitment of food banks was carried out by the research team in collaboration with the Trussell Trust Public Affairs team and Trussell Trust Regional Managers and Regional Development Officers. Trussell Trust staff carried out an initial vetting process of the sample, declining on behalf of a small number of food banks that, for operational reasons, they knew would not be able to participate (Figure 1). These were food banks that lacked a project manager or that were transitioning out of The Trussell Trust Foodbank Network. Next, the Trussell Trust Public Affairs team sent out an initial email alerting the managers of the selected food banks that they would be hearing from researchers shortly to be invited to take part in a major nationwide study. Following on from that, our researchers sent a formal letter of invitation – both by mail and by email - to the food bank managers, outlining the background, aims, methodology and projected benefits of the study, and inviting them to take part.

Some food banks agreed or declined to participate immediately after reading the invitation materials. In instances where they declined immediately, researchers attempted to address their concerns and change their response, sometimes successfully, sometimes unsuccessfully. Others were unsure initially and required follow-up contact by email and by telephone from our researchers with their manager, and, in some instances, also their

trustees or management committee. This then resulted either in the food banks agreeing or declining to participate (Figure 1).

We received no response from some of the food banks that we invited to participate (Figure 1). For non-responsive food banks, multiple attempts were made to make contact over a six-week period before we ruled them out as non-respondents. This included verifying contact information with Trussell Trust Regional Development Officers. The researchers then sent at least two further emails and/or phone calls, and subsequently the food bank's Trussell Trust Regional Development Officer responsible for that food bank also tried to call them and/or emailed them. If no response was received through any of these approaches, we deemed them a non-respondent.

Some of the food banks that initially agreed to participate were later categorised as non-participants. This occurred in cases where a food bank's participation was never operationalised because the food bank, after initially agreeing to participate, subsequently disengaged and failed to confirm their participation. The researchers followed a similar process to that outlined above for non-respondents in these cases, and eventually classed them as non-participants if they did not re-engage.

We had limited resources to incentivise food banks to take part, and thus relied, for the most part, on their understanding the importance of the study and on their willingness to contribute to it. We did, however, offer each food bank a tablet device to keep after the study had finished, as an incentive for the food bank to participate in the study.

#### *Food bank recruitment outcomes*

Our initial sample size was 41 food banks. After ruling out three food banks in the initial vetting process, we invited 38 of these to participate. Eighteen of these 38 food banks participated in our first round of data collection, between October and December 2016. The analysis presented in the main report is based on the data collected from these 18 food banks. A further four of the 38 invited food banks were not in a position to participate in the first round of data collection, but participated at a later stage between January to April 2017. Thus a total of 22 of the initial sample of 41 food banks participated, which is a participation rate of 54%. Out of the remaining food banks from these initial 38, four did not respond, and 12 declined to participate (Figure 1).

In January 2017, we also carried out a resample, with the aim of boosting our data in a number of regions which were under-represented in the first round of data collection. We sampled a further three sites. Of these, one was ruled out by Trussell Trust staff for operational reasons before invitation, and another food bank from that region was immediately resampled. Of these three food banks, one declined to participate, and two agreed, and participated in between March and April 2017. These four additional food banks selected during the resampling process bring the total sample up to 45 food banks, of which 24 participated, giving an overall participation rate for the whole study of 53%.

Figure 2 Flow diagram of food bank recruitment.



### *Reasons for non-participation*

A total of 13 food banks, or 29% of our total sample, that were invited to participate and responded to our invitation declined to participate. The following reasons were given for non-participation:

- **Insufficient *volunteer capacity*** to carry out the surveying – for some this was an ongoing situation (i.e. they are always too busy to take on this kind of additional activity), and for others this was because of the time of year that we were asking them to take part. Some cited that they were already running other new activities in addition to their frontline food provision work at that time (e.g. fuel banks) and could not add any more, and some cited that the food bank had particular seasonal needs at that time of year (e.g. Harvest collections, the Christmas rush) which meant that they were too busy to participate.
- **Insufficient *management capacity*** to oversee the surveying. Some did not have a manager in place at that time, some cited consistently being too short staffed and therefore never being able to take part in this kind of additional work, and some cited staff/manager illness or family illness.
- **Lack of space** in the food bank to run the survey.
- The food bank **moving premises**.
- **Unwillingness to take part**. Some cited not wanting to bother their clients, feeling it was inappropriate to ask them personal questions. Our researchers explained the importance of asking them for personal information, and assured them that excellent processes were in place for obtaining informed

consent and maintaining anonymity throughout the study, but nevertheless some food bank managers were not comfortable with this.

In the case of the non-respondents and of those that initially agreed to participate but then disengaged, we unfortunately do not know the reason for non-participation – perhaps they did not receive our communications, or did not have the capacity to respond, or perhaps they were simply not interested in the research.

#### *Alternative participant recruitment model*

Of the total 24 food banks that participated, 19 followed a **volunteer-led participant recruitment** model. However, some of the food banks that we invited to participate were keen to do so, but lacked the volunteer capacity to carry out the data collection in-house. In order to facilitate their participation, we offered an alternate, **researcher-led, participant recruitment** model. In four of these food banks, the researchers carried out all of the data collection, and in the other one, a hybrid model was used, with researchers and volunteers working together to collect the data.

This involved our own researchers travelling to food banks themselves throughout the four weeks of data collection, and recruiting and supporting food bank clients to fill in the questionnaire alongside food bank staff/volunteers who were carrying out their regular tasks. This allowed these food banks to take part that would have had to decline to participate due to capacity issues if we had not offered this researcher-led model as an alternative to the volunteer-led model, enabling us to mitigate some non-participation. Unfortunately, we were geographically constrained in this work – there were another two food banks that agreed to participate if more support could be given, but it was not financially or logistically feasible for our researchers to travel to their sites.

#### *Comparison of participating versus non-participating food banks in Round 1 of data collection*

In table 1, we present food bank and area-level characteristics of food banks participating in our sample in the first round of data collection (n=18) compared to the whole of The Trussell Trust Foodbank Network in England, Scotland, and Wales.<sup>2</sup> In general, participating food banks were more established and had more operating capacity. These characteristics likely reflect the PPS sampling approach, which favoured food banks serving larger numbers of people.<sup>3</sup> There was a tendency for food banks in the sample to be in more deprived areas, though the only area-level characteristic significantly associated with food bank participation was lone-parenthood (mean area proportions of participating vs. non-participating local areas: 11.4% vs. 10.4% p=0.03).

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<sup>2</sup> At the time of data analysis, data collection had not yet started or was ongoing in an additional six sites.

<sup>3</sup> Food bank operational characteristics are associated with higher rates of food parcel distribution (Loopstra, Lambie-Mumford, Fledderjohann, 2017, *forthcoming*).

Table 1 Comparison of food bank and area-level characteristics between food banks participating and not participating in first round of data collection, October-December 2016.

	Food banks not in sample (n=383)		Food banks in sample (n=18)		p value
	<i>n</i>	%	<i>n</i>	%	
<i>Food bank characteristics</i>					
Year food bank opened					0.38
<2010	31	8.24	2	11.1	
2010-2012	174	46.3	11	61.1	
2013-2014	160	42.6	4	22.2	
2015	11	2.93	1	5.56	
Number of distribution sites					0.08
1-2	230.0	60.2	9	50.0	
3-4	90	23.6	2	11.1	
5-6	30	7.85	3	16.7	
7-8	15	3.93	1	5.56	
9+	17	4.45	3	16.7	
Operates evening hours					0.39
No	342	89.8	15	83.3	
Yes	39	10.2	3	16.7	
Operates weekend hours					0.44
No	322	84.5	14	77.8	
Yes	59	15.5	4	22.2	
	<i>mean</i>	<i>sd</i>	<i>mean</i>	<i>sd</i>	
Total hours open each week	12.2	25.2	23.4	20.2	0.065
<i>Local area characteristics</i>					
Proportion in population with disability (2011 census), %	26.1	3.40	26.8	3.07	0.38
Proportion in population lone parents (2011 census), %	10.4	2.38	11.4	1.79	0.03
Proportion in population identifying white ethnicity (2011 census), %	89.0	13.2	83.1	18.0	0.18
Proportion in population unemployed (APS 2015), %	5.39	2.16	5.87	2.19	0.35
Proportion in population claiming Jobseeker's Allowance (July 2015), %	1.58	0.87	1.81	0.74	0.19
Rank of deprivation local concentration (1=most deprived)	149	95.7	130	83.5	0.37



Proportion non-UK born, %	11.5	9.81	14.8	13.5	0.28
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*Notes:* n=400 food banks, except when data not available at food bank/local area level: n=351 food banks in England and Wales for Census statistics; n=316 food banks for rank of deprivation statistics; n=379 for unemployment statistics; and 398 for migration statistics. P values are for chi square tests of differences in proportions for categorical food bank variables and t-test for continuous variables. P values are for regression analyses with clustered standard errors by local authority for area-level continuous variables.

## 1.4 Survey implementation

Once a positive response was received from a food bank, the research coordinator went through the following steps in consultation with the food bank manager:

- Establishing which staff member(s) or volunteer(s) would do the recruitment and oversee the survey in food banks, and inviting these people to come to a training session.
- If the food bank had multiple distribution centres, establishing whether all of these sites were suitable for data collection (e.g. some are just pick-up points and thus unsuitable), and deciding whether it was logistically feasible for the survey to take place across all sites (e.g. could the volunteers being trained to administer the survey travel to them all?).
- Drawing up a schedule or outline of sessions to target for data collection.
- Assessing other needs, i.e. a space for running the survey, how many tablets would be needed for data collection and how they would travel between distribution centres if needed.
- Establishing how the survey activities would run alongside regular food bank activities (e.g. who would oversee it, and how the survey would fit in the food bank's usual sequence of events when they welcome and serve a client).

Some food bank managers were keen to consider all of this in detail and make plans in advance, while others preferred to have the training session and then to work out the finer details regarding how it would run in their food bank afterwards. The research coordinator tailored the support as needed so as to suit each food bank manager's particular way of working.

### *Training with food bank volunteers*

Each food bank that was participating following the volunteer-led model was visited by one of our researchers to run a training session with the food bank manager who would oversee the running of the survey in the food bank and with the staff or volunteers who would carry out the data collection activities in the food bank.<sup>4</sup> Food banks that followed the researcher-led model did not have to undergo this training, as their engagement with the study was very minimal.

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<sup>4</sup> In one instance, the training session happened over the telephone. This was a very quiet food bank in which only one person was planning to carry out the data collection. Printed training materials were posted to the food bank in advance of the training call, and the same materials were covered as in the face-to-face training sessions that took place in all other participating food banks.

The training sessions included sharing information regarding survey purpose and implementation, and also hands-on training with the tablet devices and survey software. The trainees were provided with Training Handbooks covering the following topics:

- **The Study:** Why the research was taking place; how the sample was generated and why their food bank had been invited to participate; what the aims of the study were and how the findings would be disseminated.
- **What they would have to do:** Who to invite to participate; applying the exclusion criteria; how to recruit and support people to participate; how to deal with language or literacy barriers; how to track participants and non-participants.
- **Ethics:** Understanding and explaining anonymity, confidentiality, and consent; dealing with disclosures.
- **Troubleshooting:** Addressing questions or problems likely to arise from participants.

In training sessions with larger groups of trainees, the ethical considerations were role-played. All other topics were addressed in discussion format until everybody understood all of the materials and felt comfortable with the prospect of running it in their food bank.

The trainees were also inducted into how to use the tablet device. Each of them simulated filling in the survey in a number of different ways, which familiarised them with the structure and content of the questionnaire as well as with the particularities of the tablet and its survey software. Some trainees were nervous about using the tablet, never having used one before, but the majority of them were very confident with it after the training.

#### *Method of participant recruitment*

Volunteers were trained to use the following process to recruit participants:

- To explain the study to them verbally, briefly, and ask if they were interested in hearing more about it, making clear that it was optional and that it would not affect the service they would receive from the food bank. Volunteers were provided with a Suggested Recruitment Script to use for this.
- To give them a Study Information Sheet (1.5 A4 sides) that explained the study in more depth, and to answer any questions that arose from this.
- To determine whether they met any of the following exclusion criteria:
  - People **under the age of 18**
  - People who arrived at the food bank **in obvious distress** or who appeared to have a **cognitive impairment** that would not enable them to self-complete a questionnaire.
  - People with **language or literacy barriers that could not be overcome**.
  - People who had **already completed the questionnaire** in a previous food bank session.
  - People who came in as a **proxy to collect a parcel on someone else's behalf** (e.g. from a referral agency).
- Provided clients were happy to participate and did not meet any of the exclusion criteria, to show them how to use the tablet, acquire informed consent from them, and to support them to register this electronically on the tablet at the start of the survey.
- To support them as needed throughout the process of completing the questionnaire, bearing in mind our guidance to remain a neutral interlocutor and not to “lead” the participants in their responses.

- To enter them into a prize draw if they wanted to be entered.<sup>5</sup>
- To track the number of people they asked to participate and participation outcomes (i.e. whether they agreed to participate or not, and if not, their reasons for not participating) and the total number attending the session on a Tracking Sheet provided by the researchers.

### *Tablet and software*

We used a tablet to collect data, for the following reasons:

- Using a tablet protected the participants from having to share sensitive and personal information with food bank volunteers. We felt that this was important for two reasons. Firstly, because participants would feel more comfortable answering the questions privately and not having to disclose their answers to an interviewer, and secondly, because it might result in more accurate and honest survey responses.
- Carrying out paper-based interviews would have required considerably higher human and financial resourcing, in order for the study to reach the required standards of ethics and reliability. Either our researchers would have had to do all of the data collection themselves, or we would have had to provide much more extensive training for the food bank volunteers.

Studies have also shown that data collected from self-administered questionnaires using smartphone and mobile applications are of equal quality to data collected using other modes (i.e. paper-based questionnaires).<sup>6</sup>

We used basic, affordable Android tablets (mostly Lenovo brand), which were user-friendly. We provided a security cable and lock for some of the busier food banks that felt they needed to secure the tablet in their food bank. Others felt that the tablet would be safe in their food bank unsecured. We provided between one and three tablets per food bank, depending on their surveying capacity and logistical requirements. Some of the food banks that requested two or three tablets did so because they were surveying in different distribution centres, and did not have a smooth means of transporting one tablet between sites. Others, however, requested more tablets because they felt they had enough staff or volunteer capacity to have more than one tablet in use at any one time in one site.

We used software called ODK (Open Data Kit)<sup>7</sup> to build our survey form and to collect our data. This was used as a web-based software for building the survey, and downloaded as an application onto the tablets for data collection (ODK Collect). The benefits of this software for this study were that it is Open Source (and thus free to use), that it has a very simple interface which is easy to use, even for people with low technological literacy, and that it can be operated

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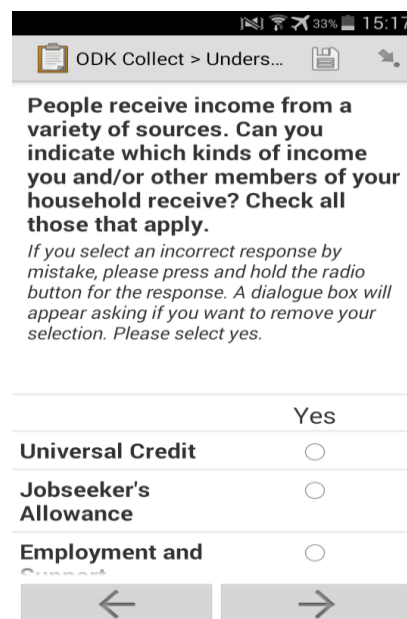
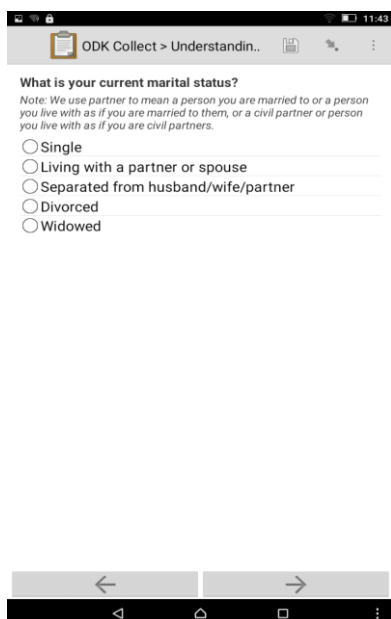
<sup>5</sup> We ran a prize draw for each food bank to incentivise participation amongst its clients, with each participant being entered into the draw, and one participant winning a £25 shopping voucher that was redeemable in a variety of high-street and chain shops.

<sup>6</sup> Marcano Belisario JS, Jamsek J, Huckvale K, O'Donoghue J, Morrison CP, Car J. Comparison of self-administered survey questionnaire responses collected using mobile apps versus other methods. *Cochrane Database of Systematic Reviews* 2015.

<sup>7</sup> <https://opendatakit.org/>

without an internet connection, which was important as many food bank venues do not have wifi. The software and the questionnaire form were preloaded and tested on tablets before they were provided to food banks.

Below are some images giving an indication of what the questionnaire looked like on the tablet device:



## 1.5 Questionnaire content and design

### *Main survey topics*

The survey covered a number of major areas. It was designed to enable us to fill current gaps in our understanding of food bank usage in Britain by:

- (1) Describing the **socio-demographic and employment characteristics** of people using food banks. These include marital status, household composition, education, country of birth, and employment status.
- (2) Identifying the types of **social security** that people using food banks have access to, and instances where their access has been compromised or is insufficient.
- (3) Identifying how frequently people using food banks experience problems of **food insecurity, unaffordable housing and living expenses, untenable debt, homelessness, destitution, and illness and disability**; essentially looking at what hardships and challenges they face in their lives in addition to the need for food that has brought them to the food bank.

### *Background to questions in questionnaire*

The questionnaire was designed to collect data comparable to household surveys conducted in the UK. These include the EU Statistics on Income and Living Conditions (EU SILC), the Family Resources Survey, the Annual Population Survey (APS), the Living Costs and Food Survey, the UK Housing Survey, and the Understanding Society survey (USoc). However, given the nature of the questionnaire (self-completion on a tablet device), a number of questions had to be adapted to reduce the use of complicated choices and specifications, to reduce survey length, and to simplify responses.

The questionnaire used skip patterns, where follow-up questions were conditional on questions before, for example, when respondents were asked to report household composition or to identify reasons for recent reductions in income. Thus, as is apparent in the main report, some data are presented for only subsets of the sample.

Given the focus of The Trussell Trust on alleviating short-term crises, in the section on income, respondents were asked about whether or not their income in the past month was less than what they had been receiving three months ago, and a number of questions followed on to explore the reasons for their reduction in income if one was indicated. A question also asked about experiences of expenditure shocks in the past three months, including an open-ended option to enable a description of any other unexpected rises in expenses not specified in the list. A series of questions also asked about whether or not respondents were currently waiting on a decision or payment from a recent benefit application, and if so, the type of benefit application and length of time they have been waiting.

The questionnaire also includes modules to capture information on self-rated health, disability, household food insecurity, and destitution. Reflecting qualitative research among food bank users in the UK and survey findings from studies among food bank users in North America, novel questions were designed to capture history of food bank use, trouble managing chronic conditions, and interactions with social security in the UK. Here, questions were designed from qualitative research or adapted from surveys in the North American context.

The USDA Household Food Security Survey Module was used to assess household and adult food security status. This module consists of 10 questions,<sup>8</sup> which ask about the respondent's and household's experiences of anxiety about food running out, compromises in quality of diet, compromises in quantity of food intake, losing weight, and going whole days without eating, due to a lack of money for food in the past 12 months.<sup>9</sup> Using the Canadian coding scheme, households were classified as experiencing marginal, moderate or severe levels of food insecurity in the past 12 months. In addition, chronicity of experiences was coded using information on how often households had the described experiences in the past 12 months.

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<sup>8</sup> Questions from the child portion of the Household Food Security Survey Module were not included. Full details on the module and measurement of food insecurity available here: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/survey-tools/#household>

<sup>9</sup> This module is used on national surveys in the US and Canada to provide national measurements of household food insecurity status, and is also the basis for the new FAO Food Insecurity Experience Scale.

To explore other measures of material hardship among households, a questionnaire recently designed and used to measure destitution in the UK was included, but modified to specify any experiences in the past 12 months.<sup>10</sup> The food-related question was left out because the household food security module captured experiencing severe food insecurity comparable to destitution in the food domain. Questions asked if respondents had not been able to dress appropriately for the weather (shoes or clothing), had gone without basic toiletries, had not been able to heat their home for more than four days in a month, or had not been able to light their home for more than four days in a month. Each question was asked in relation to being unable to afford these items. Additionally, all respondents who had not already indicated currently sleeping rough in response to the current accommodation question were asked about whether there had been a time in the past 12 months when they had to sleep rough for one night or more.

The last section of the questionnaire focuses on health conditions. Respondents were asked whether they, or anyone else in their household had any health problems, specified to be illnesses or disabilities, short or long lasting injuries, mental or emotional problems, and/or problems with alcohol or drugs. We included short-lasting injuries, as these could be a cause for a recent changes in employment or income status. For those affirming a health condition in their household, an open-ended question followed, asking them to specify the conditions or illnesses in their household. Responses were coded according to the Annual Population Survey classification of conditions causing sickness absence and/or coding for long-lasting health conditions (see Box 1).<sup>11</sup> Where listed conditions did not obviously fit into these, we made separate categories.

Respondents who indicated they personally had a health condition filled out the 12-item version of the World Health Organisation Disability Assessment Schedule<sup>12</sup>. This is a generic survey instrument that has been validated to assess disability levels across diverse populations and conditions, enabling the calculation of overall functioning scores. The domains of the questions cover cognition, mobility, self-care, getting along and interacting with people, and ability to participate in life activities and join community activities (see Box 2). These responses were coded using the simple scoring method, where scores are assigned 0 if no difficulty was reported, one if mild difficulty, two if moderate difficulty, three if severe difficulty, and four if extreme difficulty or being unable to do the activity specified were indicated. A score of 100% is equivalent to extreme difficulty in all domains, and a score of 0% indicates no difficult in any of the domains. In the main report, we use the question asking about how health conditions and disabilities affect activities of day-to-day living. Anyone who indicated their condition affects their day-to-day living was classed as having a disability. This was in accordance with the definition of disability used in the Households Below Average Income publication, which defines disabled people as those “those who report any physical or mental health condition(s) or illness(es) that

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<sup>10</sup> Fitzpatrick, S., G. Bramley, F. Sosenko, J. Blenkinsopp, S. Johnsen, M. Littlewood, G. Netto and B. Watts (2016). Destitution in the UK. York.

<sup>11</sup> [http://doc.ukdataservice.ac.uk/doc/8003/mrdoc/pdf/lfs\\_user\\_guide\\_vol2\\_questionnaire2016.pdf](http://doc.ukdataservice.ac.uk/doc/8003/mrdoc/pdf/lfs_user_guide_vol2_questionnaire2016.pdf)

<sup>12</sup> [http://www.who.int/classifications/icf/more\\_whodas/en/](http://www.who.int/classifications/icf/more_whodas/en/)

last or are expected to last 12 months or more, and which limit their ability to carry out day-to-day activities a little, or a lot".<sup>13</sup>

**Box 1** Classification of health conditions.

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**Annual Population Survey (2016)**

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Back pain or neck

Neck and upper limb problems (e.g. arthritis in hand joints, rheumatism)

Problems or disabilities connected with your legs or feet?

Other musculoskeletal problems

Stress, depression, anxiety (common mental health)

Manic depression, schizophrenia, and other serious mental health problems

Minor illnesses: coughs, colds, flu, sickness, nausea, diarrhea

Other respiratory conditions (e.g. asthma, Chronic Obstructive Pulmonary Disease, bronchitis, pneumonia)

Other gastrointestinal problems (e.g. IBS, piles, bowel cancer, stomach ulcer)

Headaches and migraines

Genito-urinary: urine infections, menstrual problems, pregnancy problems

Heart, blood pressure, and circulation problems

Eye, ear, nose, & mouth/dental

Diabetes

Difficulty seeing

Difficulty hearing

Speech impediment

Allergies

Epilepsy

Severe or specific learning difficulties

Progressive illness (e.g. cancer, MS, HIV, Parkinson's, Muscular Dystrophy)

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**Additional categories coded separately for descriptive statistics:**

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Post-traumatic stress disorder

Fibromyalgia, fatigue, Chronic Fatigue Syndrome

Brain haemorrhage/brain injury/other neurological

Graves disease/other thyroid

Nutritional deficiency/problem (e.g. anaemia, B12 deficiency, underweight, high blood cholesterol)

Addiction

Eating disorder

Liver or kidney diseases

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<sup>13</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/600091/households-below-average-income-1994-1995-2015-2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/600091/households-below-average-income-1994-1995-2015-2016.pdf)

**Box 2** World Health Organisation Disability Assessment.

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*In the past 30 days:*

- how much difficulty have you had standing for long periods, such as for 30 minutes?
- how much difficulty have you had taking care of your household responsibilities?
- how much difficulty have you had learning a new task, for example, how to get to a new place?
- how much of a problem have you had joining in community activities (for example, celebrations, religious or other activities) in the same way that anyone else can?
- how much difficulty have you had concentrating on doing something for ten minutes?
- how much difficulty have you had walking a long distance such as half a mile?
- how much difficulty have you had washing/showering?
- how much difficulty have you had getting dressed?
- how much difficulty have you had dealing with people you don't know?
- how much difficulty have you had maintaining a friendship?
- how much difficulty have you had with your day-to-day work or other day-to-day tasks and activities?

*None*

*Mild difficulty*

*Moderate difficulty*

*Severe difficulty*

*Extreme difficulty/I cannot do this*

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*Survey development*

The survey was tested by members of the Sociology Department at the University of Oxford, resulting in a number of modifications to reduce survey length and text. Trussell Trust staff and food bank managers also provided feedback, resulting in additional questions being added to reflect concerns coming from frontline interaction with people using food banks. Translating the questionnaire into an ODK form resulted in further changes to question content to match the form settings.

Next, the questionnaire was tested among people using food banks using the ODK application and tablets. Researchers met individually with six different food bank clients for the pre-test sessions. Clients “orally” went through the questionnaire, talking the researcher



through their experience of each question. This highlighted where questions were complicated to understand or where response categories were inadequate. Feedback from these sessions resulted in additional response options being added to some questions, ensuring the term “household” was defined in order to reflect the situations of people sleeping rough, and including additional questions on disability. Lastly, a pilot survey in one Trussell Trust food bank was carried out. This enabled the researchers to test the approach to the training session as well as to gather feedback on how well clients were able to complete the questionnaire and the length of time it took. This resulted in further modifications to the questionnaire.

## **1.6 Wrapping up the survey in food banks**

### *Collecting back survey data – process and problems encountered*

We asked the food bank managers to upload their data to a shared drive on two occasions: halfway through their data collection period (i.e. after two weeks), and at the very end of the data collection period (i.e. after four weeks). Between these two uploads, the data was stored on the tablet. Uploading the data had to be done in a location with wifi, which meant that some volunteers had to take the tablets home with them or to another location with wifi to carry this out.

The food bank managers were asked to post their tablet(s) and completed paperwork back to the researchers. The paperwork included completed Participant Tracking Sheets and Prize Draw Vouchers. All of the tablets that were in use in food banks were returned to us in good condition – none were lost, stolen or damaged.

### *Prize draw and tablet sent as gift*

We carried out the Prize Draw for each food bank, sent the winner their £25 shopping voucher, and posted a tablet to each food bank for them to keep as a gift for having participated in the study. Food banks were extremely grateful for this, with many intending to use the tablet to help improve their processes for signposting clients to other services.

### *Requesting routine data and feedback form*

We subsequently asked each food bank to provide us with some of the routine data that they collect from their vouchers and input into the Trussell Trust database, which enabled us to determine how representative our sample was. We asked them to anonymise the data before sending it to us.

We also asked them to fill in a feedback survey (through an online survey platform), with questions to evaluate the effectiveness of the training we provided, the process of running the survey, their appetite for participating in events to disseminate the findings of this study and for participating in future research, and any other feedback that they wished to provide.

## Section 2 Survey sample

### 2.1 Recruitment and participation rates

As highlighted, food bank volunteers running the survey were asked to track the number referral vouchers redeemed on survey recruitment days, how many were asked to participate, and how many agreed to do so. When a client was unable to participate due to ineligibility, the volunteer was asked to note the reason. Table 2 shows the numbers who were asked to participate in each session when the survey was running, and Table 3, the numbers declining and agreeing to participate.

As evident in Table 2, many food banks struggled to meet the recruitment target. As discussed below, a lack of volunteer capacity was often a barrier. The questionnaire also took an average of 20 minutes to complete, so it was difficult to recruit more than 2-3 people during sessions when food banks were only open for two hours because only one participant could use a tablet at a time. Also, some food banks are quieter than others, with only 20 to 30 unique clients visiting in a month, thus the original proposed target of 30 participants was not realistic. The figures presented in the report are weighted by the total number of households visiting the participating food banks over the surveying period to account for uneven selection probabilities that resulted from low recruitment rates.

Of note is that while the number of people asked to participate was low in some food banks, when asked, the response rate before adjustment for ineligibility was 62%, much higher than many national surveys (Table 3). Lastly, Table 4 shows the reason why participants were unable to participate. About 30% of those not participating did not meet eligibility criteria (n=81). After removing those ineligible to participate, the final participation rate rose to 71% (n=413/584).

Table 2 Recruitment rates across participating food banks.

Food bank	Not asked to participate	Asked to participate	Total attending during recruitment sessions	Recruitment rate
	n	n	n	%
1	42	59	101	58.4
2	13	41	54	75.9
3	34	19	53	35.9
4	73	43	116	37.1
5	15	7	22	31.8
6	49	34	83	41.0
7	n/a	43	n/a	n/a
8	23	32	55	58.2
9	9	43	52	82.7
10	7	28	35	80.0
11	32	76	108	70.4
12	14	37	51	72.6
13	30	13	43	30.2
14	16	35	51	68.6
15	n/a	42	n/a	n/a
16	18	33	51	64.7
17	n/a	42	n/a	n/a
18	35	38	73	52.1
<b>Average</b>	---	37	---	<b>57.3</b>

Table 3 Participation rate among those asked.<sup>†</sup>

Food bank	Did not participate	Participated	Total Asked	Participation Rate
	n	n	n	%
1	24	35	59	59.3
2	10	31	41	75.6
3	5	14	19	73.7
4	21	22	43	51.2
5	0	7	7	100.0
6	11	23	34	67.7
7	9	34	43	79.1
8	5	27	32	84.4
9	12	31	43	72.1
10	15	13	28	46.4
11	46	30	76	39.5
12	17	20	37	54.1
13	1	12	13	92.3
14	13	22	35	62.9
15	4	38	42	90.5
16	18	15	33	45.5
17	27	15	42	35.7
18	14	24	38	63.2
<b>Total/average</b>	252	413	665	<b>62.1</b>

<sup>†</sup> Before removing households not participating due to ineligibility.

Table 4 Reasons for non-participation among those declining/unable to participate.

Food bank	Participated Already	Under 18	Distress/Cognitive Inability	Language Barrier	Other	<b>Total</b>
	n	n	n	n	n	<b>n</b>
1	1	0	2	1	20	<b>24</b>
2	0	0	0	0	5	<b>5</b>
3	0	0	1	2	7	<b>10</b>
4	3	0	0	5	13	<b>21</b>
5	0	0	0	0	0	<b>0</b>
6	3	0	0	2	6	<b>11</b>
7	0	0	0	0	9	<b>9</b>
8	0	0	1	0	4	<b>5</b>
9	1	0	4	1	6	<b>12</b>
10	1	0	2	2	10	<b>15</b>
11	4	1	2	13	26	<b>46</b>
12	1	0	4	3	9	<b>17</b>
13	0	0	0	0	1	<b>1</b>
14	1	0	2	2	8	<b>13</b>
15	0	0	0	0	4	<b>4</b>
16	1	0	0	0	17	<b>18</b>
17	7	1	3	0	16	<b>27</b>
18	0	0	4	0	10	<b>14</b>
<b>Total</b>	<b>23</b>	<b>2</b>	<b>25</b>	<b>31</b>	<b>171</b>	<b>252</b>
<b>Share of non- participat s</b>	<b>9.1%</b>	<b>0.8%</b>	<b>9.9%</b>	<b>12.3%</b>	<b>67.9%</b>	<b>100%</b>

## 2.2 Sample representativeness

We evaluated the representativeness of our sample in two ways. First, we examined the overall composition of households receiving food from all food banks across England, Scotland and Wales over October to December 2016, and compared these to the household characteristics in our sample (Table 5). Data are from the Trussell Trust database, which aggregates data collected from all referral vouchers redeemed in Trussell Trust food banks. Household composition is the only variable collected from referral vouchers that was comparable to the data collected in our survey and that always completed on referral forms. As shown in Table 5, the proportion of single adults in the sample matched the proportion of referral vouchers redeemed by single individuals. Our sample may have under-represented lone parents and couples with and without children, though a number of respondents indicated living with family members in our sample, but did not provide detail on children or partner details, therefore it is likely these groups make up the remaining unclassified households in the sample. This suggests our sample was not biased with respect to household composition.

**Table 5** Comparison of sample household characteristics with Trussell Trust referral vouchers across England, Scotland, and Wales over October-December 2016.

	Sample number of households	Unweighted percent of households in sample	Weighted percent of households in sample <sup>†</sup>	Number of Trussell Trust referral vouchers claimed <sup>‡</sup>	Proportion of Trussell Trust referral vouchers
	n	%	%	n	%
Household composition					
Single	201	48.7	50.5	60,792	48.3
One adult, children <16	67	16.2	15.4	24,856	19.7
Two adults, children <16	53	12.8	11.7	19,937	15.8
Two adults	28	6.78	7.28	13,457	10.7
Other	39	9.44	8.28	6,875	5.46
Living with unspecified household members <sup>§</sup>	25	6.05	7.17	---	---

*Notes:* <sup>†</sup> Sample was weighted to reflect proportion of households served by participating food banks over sampling period. <sup>‡</sup> The number of referral vouchers claimed in England, Scotland, and Wales over October to December 2016. These do not reflect individual households (i.e. a household could have had more than one referral voucher in this time). <sup>§</sup> Survey responses missing for household composition for households in survey sample.

We also requested individual-level data from food banks on referrals claimed over the sampling period. Our questionnaire and tracking sheets included recording unique identifiers so that we could examine anonymised voucher referral data and compare the characteristics of clients participating and not participating in the study. A total of 12 food banks provided these data. Across these sites, 662 referral vouchers were recorded on the survey tracking sheets while the survey was running, and of these, 534 were able to be linked to the routine voucher data. Examining these data enable to identify possible bias introduced by non-participation, though it must be noted that the patterns observed are not necessarily representative for all 18 food banks in the sample.

First we examined whether there was evidence of non-random recruitment, where there was a suggestion that some households were more likely than others to be asked to participate (Table 6). There was some suggestion that people who did not belong to an ethnic minority group were less likely to be asked to participate, but this did not reach statistical significance. Reasons for referral were significantly different across the two groups.

Table 6 Comparison of referral voucher data for those asked and not asked to participate across 12 participating food banks.

	Not asked to participate n=210	Asked to participate n=324
Ethnicity		
Missing	23.3	20.4
Non-white	25.7	45.1
White	51.0	34.6
Children under 16		
No	44.8	51.2
Yes	55.2	48.8
Age of client		
Less than 18	0	0.93
18 to 24	6.67	11.1
25 to 49	51.9	54.3
50 to 64	16.2	16.4
65+	0.95	0.62
Missing	24.3	16.7
Anyone with paid employment		
No	64.8	59.3
Yes	9.05	8.33
Not Known	26.2	32.4
Reason for referral*		
Benefit change	14.3	16.7
Benefit delay	17.6	21.6
Debt	4.29	5.25
Delayed wages	3.33	6.79
Homeless	9.05	8.02
Low income	30.0	26.5
No recourse to public funds	5.71	8.33
Other	15.7	6.79

† Referral voucher data was only received from 12 participating food banks, and within this, data were missing for 128 vouchers recorded on the tracking sheets (total number tracked n=662). \* Chi square significantly different ( $p < 0.05$ ); SE clustered by food bank.

After non-participation was taken into account (i.e. people declining or not eligible to participate), most characteristics were not significantly different between participants in our sample and those not asked or declining to participate (Table 7). However, two significant differences were observed. People in 50-64 age groups were significantly less likely to participate, as were people referred to the food bank on account of homelessness. This suggests the sample may not be representative of people in these age groups and may underestimate homelessness among people using food banks.

Table 7 Comparison of referral voucher data for clients recruited and not recruited into sample during recruitment days.<sup>†</sup>

		Did not participate <sup>‡</sup> n=344	Participated n=190
Ethnicity			
	Missing	20.6	23.2
	Non-white	34.9	42.1
	White	44.5	34.7
Children under 16			
	No	49.4	47.4
	Yes	50.6	52.6
Age of client*			
	Less than 18	0.58	0.53
	18 to 24	7.85	12.11
	25 to 49	51.7	56.3
	50 to 64	18.6	12.1
	65+	0.58	1.05
	Missing	20.6	17.9
Anyone with paid employment			
	No	63.1	58.4
	Yes	9.30	7.37
	Not Known	27.6	34.2
Reason for referral*			
	Benefit change	14.0	19.0
	Benefit delay	20.6	19.0
	Debt	3.78	6.84
	Delayed wages	4.36	7.37
	Homeless	10.8	4.21
	Low income	27.3	29.0
	No recourse to public funds	7.27	7.37
	Other	11.9	7.37

<sup>†</sup> Referral voucher data was only received from 12 participating food banks, and within this, data were missing for 128 vouchers recorded on the tracking sheets (total number tracked n=662). <sup>‡</sup> Includes clients not asked to participate and those unable/ineligible to participate. \* Chi square significantly different (p<0.05); SE clustered by food bank.

### 2.3 Questionnaire completeness

Clients completed the survey with little or no help from survey volunteers. While this enabled their responses to be entered without scrutiny from food bank volunteers, this also could have resulted in higher incompleteness rates if questions were hard for clients to understand or if they did not know how to answer a question. The questionnaire also took about 20 minutes for clients to complete (ranging from 10-45 minutes), so responses were more likely to be incomplete toward the end of the survey, suggesting survey fatigue. Across all questions, the frequency of missing responses ranged from <1% to 18%. These are reported in all data



tables in the main report. The high number of missing for some variables means some outcomes may be underestimated in the sample, for example, prevalence of health conditions and disability, as people with missing values may have these outcomes.

Table 8 shows the proportion of clients completing the survey with help from volunteers. Over two-thirds completed the questionnaire with no help from a volunteer, whereas 12% had all or almost questions read to them. Those receiving help were significantly more likely to not be born in the UK, have no qualifications, and be in older age groups (50+), but did not differ by gender, presence of children, or indication of health conditions (data not shown). After accounting for these household characteristics, there was no evidence that receiving help with the questionnaire biased respondents to over- or under-report a lack of income or severity of food insecurity (data not shown).

Table 8 Level of help client received from survey volunteer to complete the questionnaire.

	n	%
No help, the participant completed the questionnaire on his/her own	280	67.8
Helped participant with only some questions	59	14.3
Helped participant with quite a few questions	21	5.08
Helped participant with all or almost all of the questions on the questionnaire	49	11.9
Missing	4	0.97

## Section 3 Evaluation and feedback of study approach

### 3.1 Types of support provided to food banks during data collection

Support was provided remotely by our researchers throughout food banks' data collection period. None of the food banks required any support on ethics or on how to support clients to participate in the study.

The support that was required was the following:

- **Technical support:** Some food banks struggled with the tablet devices or software, and needed support to resolve the problems that they had encountered. For the most part, these were due to low technological literacy of the food bank managers rather than to actual technical problems with the tablets or software. Food bank managers with higher technological literacy seemed to find the tablets and software intuitive and very easy to operate.
- **Administrative support:** Some food banks required administrative support, for example if they mislaid the paperwork (e.g. blank Participant Tracking Sheets), our researchers would post or email them replacements.
- **Logistical/decision-making support:** Occasionally a food bank would require support to make a decision or to think through the logistics of study implementation whilst the survey was up and running in their food bank, for example how to redesign and reprioritise the data collection schedule if their volunteer capacity changed over the course of the data collection period and they could no longer follow their original schedule.

### 3.2 Feedback from participating food banks: what went well

Feedback received from food banks through the feedback survey that we circulated to the 18 food banks that participated in the first round of data collection (October-December 2016) identified the following as having worked well for all food banks:

- **The tablet:** Feedback about the fact that the survey was carried out using a tablet, about how volunteers coped with using the tablet, and about how participants responded to and coped with the tablet, was extremely positive.
- **Content of questionnaire:** Feedback from staff and volunteers who completed the questionnaire during training, and supported participants to complete it during the data collection period, was that the questions were appropriate and relevant. We received no feedback that suggested volunteers or clients found the information we were requesting inappropriately personal or sensitive, or irrelevant or unimportant.
- **The training:** Feedback on the content and format of the training was very good; staff and volunteers felt equipped to implement the survey following the training.
- **The two support models:** Feedback was also very positive on each model of participant recruitment. The food banks that followed the volunteer-led model, with remote support from researchers, found it suited their food bank very well, and those that followed the researcher-led model felt, equally, that their needs had been catered for.
- **Incentives:** Feedback from food bank managers and volunteers on the fact that they could keep a tablet after the study was very good, and they were certain they would be able to put it to good use. Feedback from staff and volunteers regarding the participants' reactions to being offered entry into the Prize Draw (and the chance to win £25 of shopping vouchers) was also very good. Some suggested that having an incentive (such as £5) offered to all participants might have raised participation rates.

80% of our food bank managers that responded to the feedback survey indicated that they would be likely or very likely to agree to carry this out again in 6 or 12 months' time, which is a good indication that they considered it both important and implementable.

### 3.3 Feedback from food banks: what was difficult

Feedback received from food banks through the feedback survey identified the following as having been difficult for some food banks:

- **The time of year:** As we saw above, some food banks declined to participate due to the time of year that we were running the study. Even amongst those who did participate, feedback from some was that the time of year (October-December, i.e. coinciding with Harvest collections and/or the run-up to Christmas) meant that implementing the survey alongside regular food bank activities was sometimes challenging. For some food banks this meant that they did not collect as much data as they had hoped.
- **Questionnaire length:** We received feedback from some food banks that the questionnaire was perhaps too long. This feedback was, however, always accompanied by statements about how they appreciated the importance of the contents of the questionnaire, and about the importance of getting thorough data. This shows that they picked up on a tension that the researchers had worked with from the survey design period onwards – how to balance thoroughness with user-friendliness.
- **Participant tracking process:** Some food bank staff and volunteers reported having found the participant recruitment process cumbersome, and difficult to fit in around their other tasks in the food bank.
- **Uploading the data to researchers:** Some food banks - those who were less technologically literate – struggled to upload their data to the researchers, despite being provided with step-by-step instructions for doing so. The other food banks managed it very easily, and found the instructions very adequate. This, then, seems to have been a problem due to varying levels of technological literacy rather than a problem with the study software or instructional materials.
- **Capacity:** As we saw above, some food banks declined to participate because of lack of staff or volunteer capacity. Amongst those who did participate, some identified capacity as having been a challenge. Some food banks simply did not have enough staff or volunteers to be able to allocate one person to overseeing the implementation of the survey during food bank sessions where data collection was taking place, and thus the staff member or volunteer responsible for the survey would have to carry out other routine food bank tasks as well. This could result in the creation of stress for the person involved, or else could lead to them collecting less data than they had hoped to. This was not universal across all participating food banks, however, as some of them had no trouble with capacity and were very well staffed and able to carry on their routine work as well as run the survey comfortably.

For our second round of data collection (March-April 2017) we addressed two of these concerns, slightly reducing the length of the questionnaire, and streamlining the participant tracking process. The time of year was, of course, by default, also changed in this second round, to a time of year that is quieter for the majority of food banks.

### 3.4 Recommendations for ongoing survey data collection in The Trussell Trust Foodbank Network

This study was conceived of as a pilot, designed not only to gather data but also to test a methodological approach. As described above, we responded as needed throughout the study to what we were learning, and adapted our approach as needed. Our overall approach has proved extremely successful, and our testing and fine-tuning of specific methods have produced extremely useful learnings that should be taken into account in the design of future studies.

#### *An informal and enormously varied sector that requires a flexible approach*

The food bank sector is both extremely informal, and extremely varied. Both of these characteristics are important to anyone designing research into food bank use. Here are some examples of the ways that food banks can differ from one another:

- Some food banks are completely volunteer-run, whilst some have paid staff.
- Some are run on an extremely small shoe-string budget collected from donations locally, whilst others secure and manage large-scale grants.
- Some food banks operate just one distribution site, whilst others operate across multiple sites.
- Some run out of improvised venues, “popping up” once a week in, for example, a church hall, whilst others have their own premises that are designed for their needs.
- Some provide only emergency food, whilst others also provide other services on-site.
- Some run only one short food bank session per week, whilst others are open many days of the week for longer hours.

Food banks are therefore extremely heterogeneous, and thus by definition it is difficult to design research studies that would work equally well in any food bank.

Membership in The Trussell Trust Foodbank Network does serve to provide a unifying influence with respect to the general model, and the food banks within this network are more similar to one another, in terms of their processes, than independent food banks are. Yet Trussell Trust food banks also operate autonomously and reflect the characteristics, resources, and needs of their particular community. Therefore, even within The Trussell Trust Network, there is an incredible amount of variety from food bank to food bank.

This informality and variety within the food bank sector means that researchers hoping to work with food banks need to have a flexible and responsive approach. As we described above, we had to respond and adapt our methodology and processes in a number of ways in order to facilitate our food banks to participate in the study, for example offering more hands-on support with data collection, and adapting our data collection period as needed.

#### *Recruitment rate, capacity limitations and diverging attitudes to research*

The autonomous nature of Trussell Trust food banks also means that food bank participation was completely voluntary. No food bank was under any obligation to participate in the study.

The fact that for the most part the sector is also under-resourced means that capacity is often a barrier to research. As we saw above, we found capacity to be a limiting factor in a number of ways in this pilot. Many food banks are completely volunteer-run or, in the instance that they do have paid staff, these members of staff are often overloaded simply delivering frontline services, often working many more hours than those for which they are paid. This means that many food banks are simply not able to participate in research or

other additional activities beyond keeping their operations going. This is a fundamental characteristic of the food bank sector, and one that researchers need to work with – both by being as flexible as possible and by designing studies with realistic recruitment rates and expectations.

We also learned that divergent attitudes to research, or what we could describe as differing levels of “research-friendliness”, had an impact both on our food bank recruitment rates, and on our participant recruitment rates. For example, we suspected that some of the food banks that did not participate due to what they described as a “lack of capacity” were simply not keen on participating, either because they had little experience or prior exposure to academic research, or because they did not consider this kind of research to be of value. In some instances, we suspected that the food banks with lower client participant recruitment rates were those that were wary about participating in the research.

*Could it be implemented again or rolled out in the future?*

As mentioned, at the time of writing, data collection is currently taking place in six additional food banks (Jan-April 2017), with a shorter questionnaire, a streamlined tracking process, and outside of the difficult time of year for food banks. Beyond this, there is certainly scope to replicate and/or roll out similar surveying studies in food banks in the UK.

It is important for researchers to understand that ambitious and consistent data collection will always be limited and determined both by capacity and by appetite for research in food banks – which, as we have seen, vary considerably. And, because of the variety in the sector, and its informality, it is unlikely that a methodology could be developed that would function well in 100% of food banks.

Yet taking into account these limitations, it is very conceivable that the study approach designed for this study could be implemented again or rolled out across food banks in the UK.

*How could it be scaled up?*

Considerable quantities of the staff time in this pilot went to developing and streamlining the process – which is now relatively simple and ready to implement. Thus, since the materials have now been developed and the methods tried and tested and improved upon, a follow-up survey could be implemented across a larger sample of food banks at one time, with a similar level of staff support as we had in this pilot.

It would be worth working to overcome the methodological, logistical and financial barriers to including Northern Ireland in future large-scale surveying work within The Trussell Trust food banks, as these are not insurmountable. It would be extremely valuable to The Trussell Trust to gather data on food bank use within a sample drawn from its entire Network rather than from a subset of its food banks and, for researchers and policy-makers, it would also be significantly better to have UK-wide rather than Great Britain-wide data on food bank use.

One option for scaling up the survey would be to integrate it into The Trussell Trust’s own processes, for example by building the implementation of a similar survey in a sample of food banks into the roles of The Trussell Trust Regional Development Officers’ roles. We found during this study that for many food banks, however, the *independent* nature of the

study (i.e. the involvement of the University of Oxford) was very important. In the light of this, our recommendation is that for any future studies on The Trussell Trust food banks, having an independent institutional partner coordinate the survey from outside The Trussell Trust but in collaboration with their staff, as we did in this instance, would be the best approach.

#### *Roll-out beyond The Trussell Trust Foodbank Network?*

It is estimated that there are over 600 food bank distribution centres operating in the UK that are not part of The Trussell Trust.<sup>14</sup> Could this survey approach be rolled out to independent food banks across the country, using a similar methodology? New difficulties would undoubtedly arise, as independent food banks are even less homogenous and often even more informally run. Nevertheless, replicating this kind of study across the UK's independent food banks would be extremely valuable, as data on that part of the sector is currently lacking, and is required to give a full picture of food bank use in the UK.

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<sup>14</sup> <http://www.foodaidnetwork.org.uk/mapping>.