



"I eat once a week maybe"

The health impacts of food insecurity

healthwatch
Bath and North East
Somerset

healthwatch
Swindon

healthwatch
Wiltshire

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About Healthwatch

Healthwatch is the independent voice of the patient. We listen to people's experiences of health and social care services to feedback how to improve them.

Healthwatch uses your feedback to better understand the challenges facing the NHS and other care providers and we make sure your experiences improve health and care for everyone – locally and nationally. We can also help you to get the information and advice you need to make the right decisions for you and to get the support you deserve.

Why this project?

Purpose and objectives

- Food insecurity is a growing issue across the UK, with many individuals and families struggling to access affordable, nutritious food. Vulnerable groups—including those experiencing homelessness, long-term health conditions, mental health challenges, and caring responsibilities—are disproportionately affected.
- Food insecurity is increasing, with only 10% of households suffering from food insecurity in 2023, up from 8% in 2020¹. Among households with disabled people, this figure increases to 16%¹, and those with mental health conditions are over twice as likely to live in food insecure households (28% vs. 10.7%)².
- Health inequalities are closely linked to food insecurity. The most deprived communities face significantly higher rates of diet-related diseases such as obesity, type 2 diabetes, cardiovascular disease, and dental decay^{3,4}. These disparities reflect broader patterns in food access and consumption.
- This project aims to better understand the lived experiences of people facing food insecurity across Bath and North East Somerset (BANES), Swindon, and Wiltshire (BSW). Insights are drawn from engagement events and a survey distributed via food banks, community kitchens, refugee services, and other frontline organisations.

We will focus on:

- Access to affordable and nutritious food, including barriers such as cost, availability, and dietary restrictions.
- The impact of food insecurity on physical and mental health, including conditions like high blood pressure, anxiety, sleep issues, and vitamin deficiencies.
- The experiences of families with children, including meal skipping, child health concerns, and mental wellbeing.
- The effectiveness and nutritional value of food support services, such as food banks, pantries and community fridges.
- The role of local organisations and community initiatives in supporting people experiencing food insecurity and promoting long-term wellbeing.

Support for this project:

Thank you to all the service users and organisations who took part in our food insecurity project. Your insights, experiences and support have been vital in shaping this work. Together, we are working towards a more compassionate, connected and resilient community.

We are extremely grateful for the support we received from the following organisations and groups for this project:

Swindon:

- Community Fridge, Gorse Hill Baptist Church
- Swindon Food Collective, St Margaret's Centre and St John's Church
- Penhill community café
- Big Breakfast Plus, The Pilgrim Centre

BANES:

- Mercy in Action's Action Pantry, Twerton, Bath
- Oasis Pantry, Fountain Buildings

Wiltshire:

- Emmanuels Yard Storehouse, Church Street, Trowbridge
- Trowbridge Future, Church Street, Trowbridge

During this project we witnessed the efforts, dedication and compassion of food support services to help bridge the gap between need and nourishment, ensuring that no one is left behind. By providing essential resources and support, they play a vital role in uplifting individuals and strengthening our communities. We would like to thank all food support services, staff and volunteers for their efforts, and hope this project reflects our gratitude to them.

We would also like to extend our appreciation to Georgia, one of the Healthwatch Swindon research volunteers who helped with the data analysis.

1. <https://www.gov.uk/government/statistics/united-kingdom-food-security-report-2024/united-kingdom-food-security-report-2024-theme-4-food-security-at-household-level>
2. <https://foodfoundation.org.uk/publication/pushed-brink-link-between-food-insecurity-and-mental-health>
3. <https://www.nationalfoodstrategy.org/>
4. <https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit/core-q3-22-23/national-diabetes-audit-nda-2022-23-quarterly-report-for-england-icb-pcn-and-gp-practice>

Recommendations

While the findings presented in this report are based on a relatively small sample size, they offer valuable insights that merit careful consideration. The recommendations outlined below are informed by the experiences shared with us by members of the public. We encourage these suggestions to be viewed as a starting point for further discussion, reflection, and potential action – recognising both the limitations and the value of the evidence gathered.

Recommendation 1: Improve access to food support information

Issue:

77% of respondents reported skipping meals due to affordability, and 63.4% found it difficult to access healthy food. Families, especially during school holidays, and refugees or asylum seekers often lack clear information on where to turn for help.

Recommendation:

Local authority to consider co-designing a centralised food support leaflet for distribution in low-income communities, schools, refugee centres, and food aid services. This could offer clear guidance on accessing food banks, community kitchens, affordable food schemes, and nutritional support, including details on opening hours, food types, service limits, eligibility, and referral processes. Where possible, it could include culturally appropriate options and dietary advice. An online meeting network should also be set up between food support services to enable providers and community leaders to share updates, resources, and best practices.

Further considerations:

Local authority and food support services could co-design the leaflet with input from service users and food services to ensure it meets community needs and is easy to understand. Partnership with refugee and asylum support services can translate the leaflet into multiple languages, ensuring accessibility for all.

These leaflets could be distributed widely through schools (especially before holidays), GP surgeries, libraries, community centres, job centres, pharmacies, and other food support services to ensure the information meets anyone in need.

A digital version could be held on local authority websites to increase visibility and ease of access.

Recommendation 2: Increase targeted engagement of health services in food-insecure areas

Issue:

Food insecurity is closely linked to poor health outcomes. Over half of survey respondents reported physical health issues such as sleep problems (47.9%), vitamin deficiencies (45.1%), and dental problems (38%). Mental health impacts were even more pronounced, with 69% experiencing anxiety and 64.8% reporting low mood. Many respondents also highlighted difficulties in accessing GP and hospital appointments.

Recommendation:

Consider the introduction/expansion of regular targeted health outreach visits to food support services. Health care professionals can offer basic support, early intervention and signposting to further care.

Further considerations:

Local food support services, in collaboration with NHS outreach teams, local charities, and community organisations, could coordinate health drop-in sessions at food banks and community kitchens. These sessions would provide accessible support from healthcare practitioners such as mental health practitioners, dental nurses, and general health screening teams.

Several food support services already offer occasional health drop-in sessions, which have been significant in providing a space where people can easily connect with health services.

An example of the positive impact this can have was expressed by one of the food support services.

“Two people's lives were saved as a result of getting health checks at the pantry: one person went straight to A&E and the other to the GP because their blood pressure was so high – their lives were saved.”

Printed and verbal information could be shared on how to access health care services, including mental health, dental care, and chronic condition management for adults and children. Partner with refugee and asylum support services to translate the information into multiple languages, ensuring accessibility for all.

Monitor service users' uptake of proposed health drop-ins and service users' support outcomes from the drop-ins, including gathering service improvement feedback from service users' experiences of the health drop-ins.

Recommendation 3: Provide training for food support volunteers

Issue:

Many respondents using food support services reported mental health challenges, including low mood and anxiety. Volunteers play a vital frontline role and often encounter individuals facing emotional distress, but they may not feel equipped or confident to offer emotional support.

Recommendation:

Food support services should be supported to train volunteers in mental health and wellbeing to help them recognise signs of distress, offer basic emotional support, and signpost to appropriate services.

Further considerations:

As part of a volunteers' training in food support services, free and accessible resources from organisations such as MFHA England and Mind UK should be included to help build mental health awareness, boost confidence, and support effective action across all age groups.

Volunteers can receive further training through collaboration with mental health organisations that can attend food support services and provide basic in-person training, such as MIND and their five ways to wellbeing or other mental health support providers.

The training should cover key areas such as active listening, trauma-informed care, and clear referral routes to support services. To boost accessibility and engagement, offer it in both online and face-to-face formats, with certificates provided to encourage participation. Impact can be assessed through feedback from volunteers and service users to inform future improvements.

Recommendation 4: System-led support for healthy eating in communities

Issue:

People experiencing food insecurity face major barriers to healthy eating—not because of food support services, but due to deeper systemic issues like poverty, limited nutrition education, and low cooking confidence. While food banks and community providers play a vital role, they operate under tight constraints and cannot address these challenges alone.

Despite the UK's Food Strategy 2025 prioritising access to healthier, affordable food, many people in deprived communities still lack the knowledge and support needed to make informed food choices. Local initiatives like the Holiday Activities

and Food (HAF) programme have shown promise in educating children about nutrition and health. However, our survey found that most respondents were unsure about the healthiness of food from support services, highlighting a clear gap in adult food education. This is not a reflection on food support services, but rather an opportunity for system-wide collaboration to improve nutritional awareness.

Recommendation:

Public Health teams and Integrated Care Boards (ICBs) must lead a coordinated response to food insecurity by embedding nutrition education and support into community health strategies. This begins with a review of how healthy eating information is delivered to deprived communities, ensuring it is accessible, culturally relevant, and practical for everyday use.

Food support services should be equipped with training and resources that enable them to meet the diverse dietary needs of their users—without adding pressure to already stretched operations. Nutrition education must also be integrated into broader health interventions, particularly those addressing conditions linked to poor diet, such as diabetes, cardiovascular disease, and hypertension.

In addition, access to community-based cooking workshops and peer-led sessions should be expanded. These initiatives help build food confidence and agency, especially for individuals with limited time, equipment, or experience in preparing meals.

Further considerations:

System-wide collaboration is essential. Public Health teams, ICBs, local authorities, and voluntary sector partners must work together to deliver joined-up, sustainable support for healthy eating across communities.

Future interventions should be shaped by feedback from service users to ensure they reflect real needs and lived experiences. Food support services must be supported—not expected to solve systemic problems alone. Where possible, they can be enabled to offer more versatile, shelf-stable ingredients and signpost users to relevant health and wellbeing resources.

Finally, a review of existing training and support offers should be conducted to identify gaps, avoid duplication, and ensure resources are used effectively.

These four recommendations are intended to support and enhance the incredible work already being done by food support services.

Methodology

Our research was conducted between April and July 2025. During this time, we attended engagement events at food support services across BSW to speak directly with individuals about their experiences of food insecurity. We also invited people to complete our survey, which was distributed both in person and online through wider food service providers to ensure we gathered as many perspectives as possible.

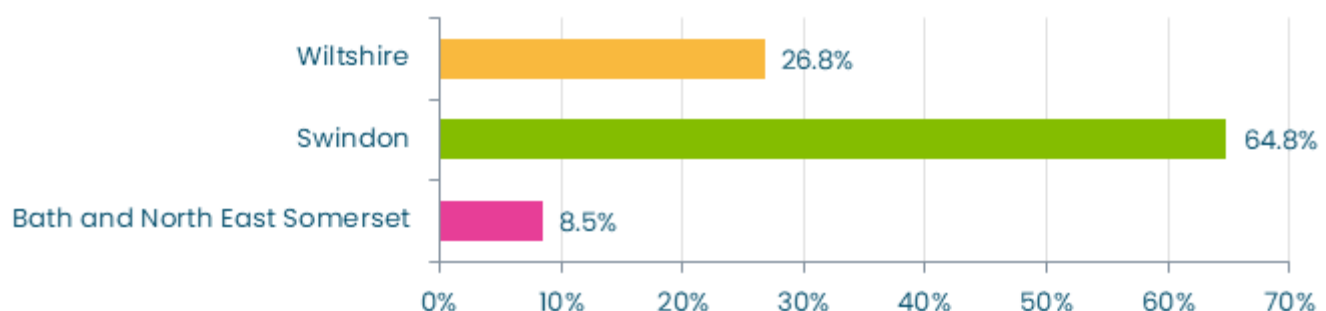
The survey explored access to food, health and wellbeing impacts, dietary needs, and the effect of food insecurity on individuals and children. It also gathered demographic data to help identify patterns and disparities across different communities.

Information about our survey

Some facts about the survey

- Our survey explored people's experiences of accessing food support services and the physical and mental health impacts of food insecurity.
- We were able to gather the views of 78 people to share their experiences.
- We focused on residents within Bath and North East Somerset (BANES), Swindon, and Wiltshire (BSW). While most responses came from Swindon—likely due to a wider availability of food support options—the findings reflect broader trends and highlight the significant impact of food insecurity across the BSW region.

Respondents' location



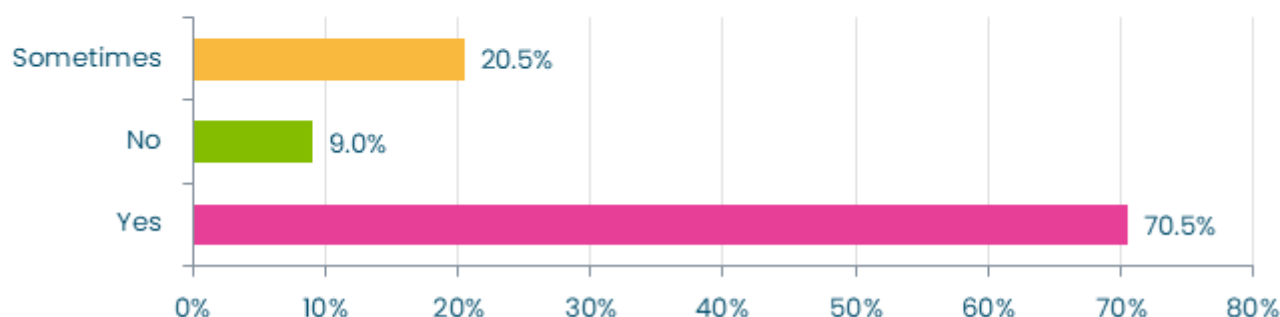
- Over half of the respondents stated they live in Swindon (64.8%), followed by Wiltshire and BANES respectively.

Scale of food insecurity

Access to affordable food

- Almost all participants stated that, over the last six months, they found buying enough food to be unaffordable, with a combined 91% finding it unaffordable at least some of the time.

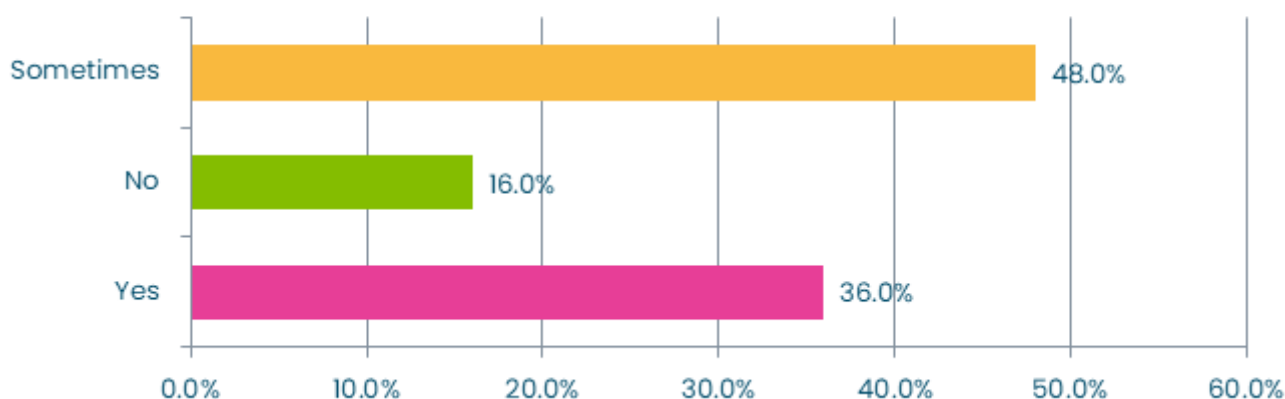
In the last 6 months, have you found it difficult to buy enough food that is affordable?



Access to suitable food

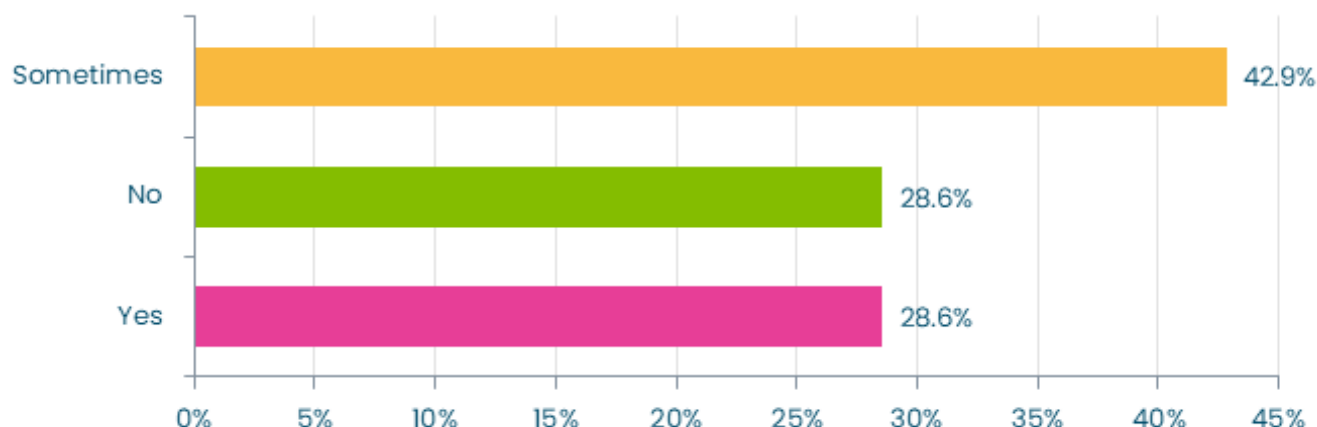
- Nearly half of respondents (48%) stated that they were only sometimes able to find food suitable for their intolerances or allergies.

Are you able to find food that is suitable for your food intolerances or allergies?



- Nearly half of respondents (42.9%) stated that they were only sometimes able to find food suitable for their children's intolerances or allergies.
- 28.6% stated they are never able to find suitable food for their children, which means that up to 71.5% of respondents whose children have food intolerances (31.8%) sometimes go without suitable food options.

Are you able to find food that is suitable for your child's intolerances or allergies?

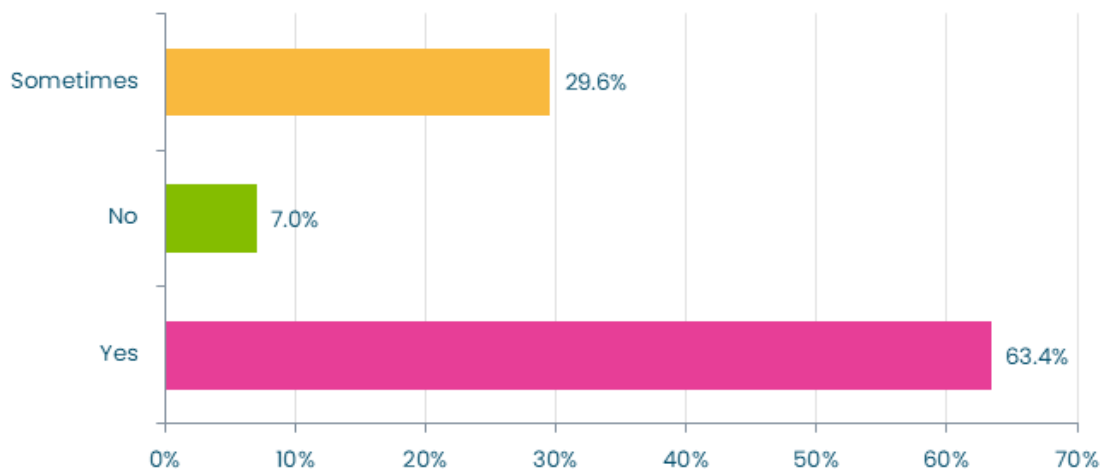


"I have three neurodivergent children with restrictive diets, so I often cook up to four different meals a day. They need specific brands, which means my fiancé and I eat whatever we can afford with what's left. My children always come first—even if it means going without myself. From September, my youngest loses free school meals, and we just miss the eligibility threshold."

Access to healthy food

- 3.4% of respondents reported finding it difficult to access healthy food.

Do you find it difficult to access nutritious or healthy food (e.g. fresh fruit, vegetables, whole grains)?

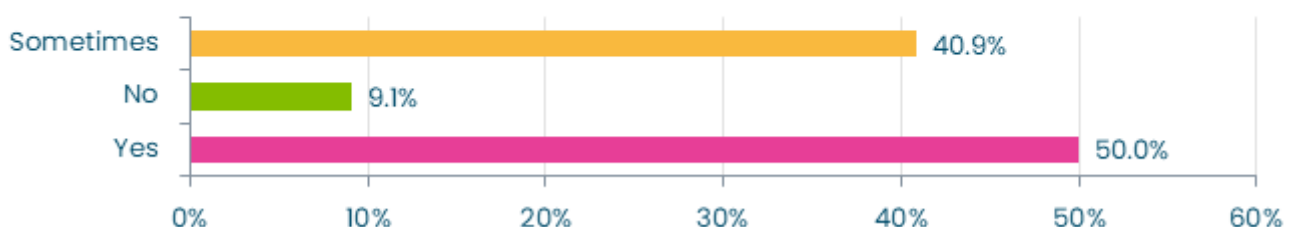


"Food bank items are often out of date or unsuitable—too much sugar, not good for people with allergies or thyroid issues. It's hard to plan meals, and some food has gone off. I've felt vitamin deficient and hungry. Cooking is expensive, especially using the oven. I try to avoid junk food. I've also been ignored by the hospital and am still waiting for treatment."

Feeding children

- Of the respondents with children, 40% stated that their children sometimes only had enough food to stay healthy.

Do you feel your children have enough food to stay healthy?

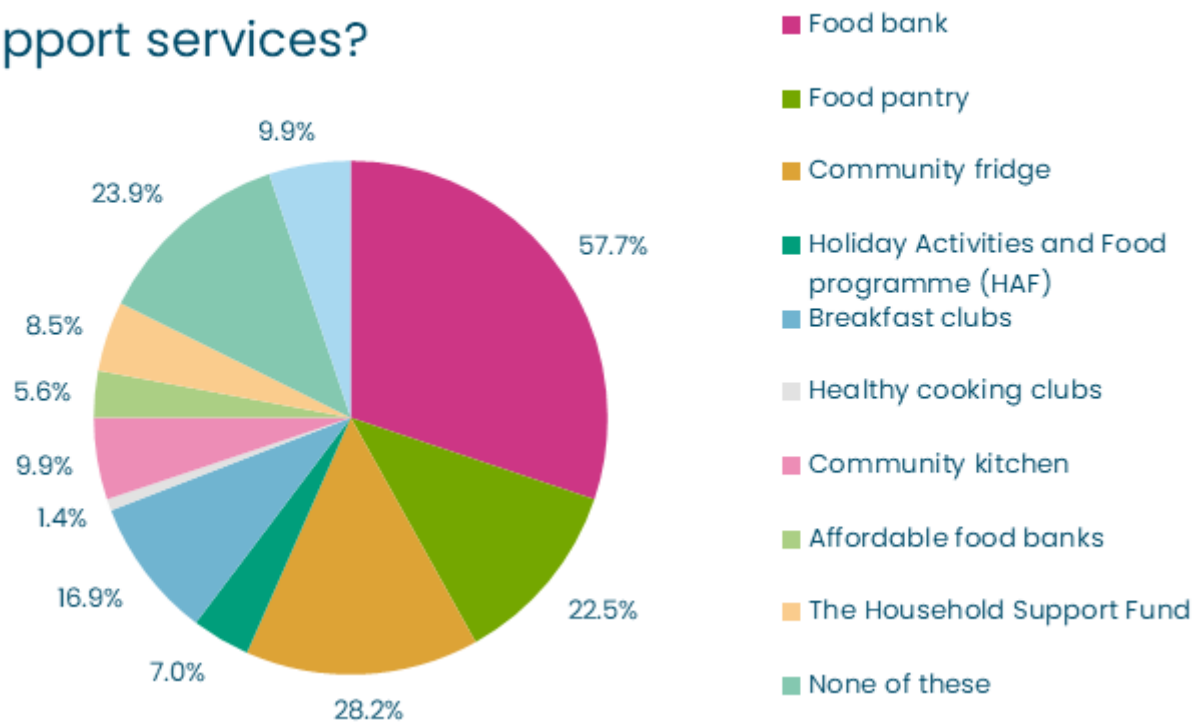


"My low income does my bills pet food and my child's food; I eat once a week maybe"

Use of food support services

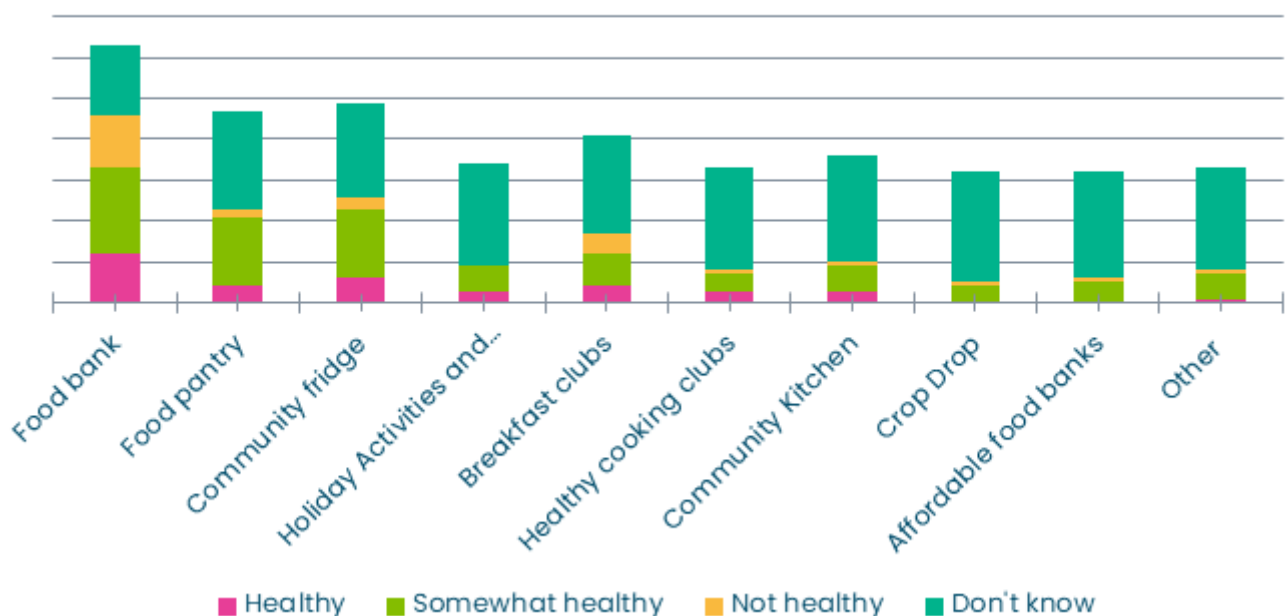
- Food Bank was the most common option for food support services.
- Those who selected 'other' described services such as soup kitchens and church run programs.

Have you used any of the following food support services?



- Respondents reported the food from these places as being 'somewhat healthy' or that they were unsure if the food was healthy.

How healthy is the food from these places?



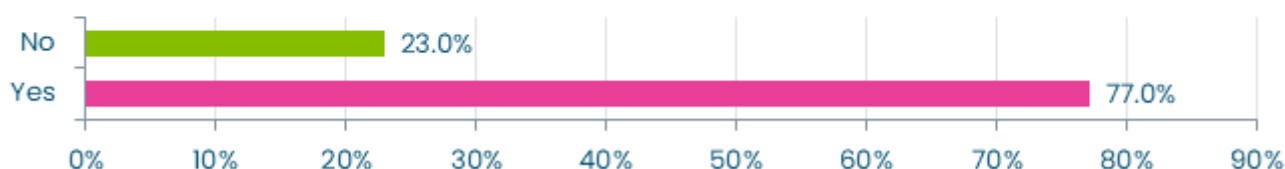
- This highlights the potential opportunities to increase awareness and education of healthy food.

"Food bank and boxes of hope don't contain ingredients from which you can make meals, if possible, add in spices/salt/pepper, coconut milk, lots of chopped tomatoes, more shelf stable veg, and maybe a leaflet or something on how to make meals from them."

Going hungry

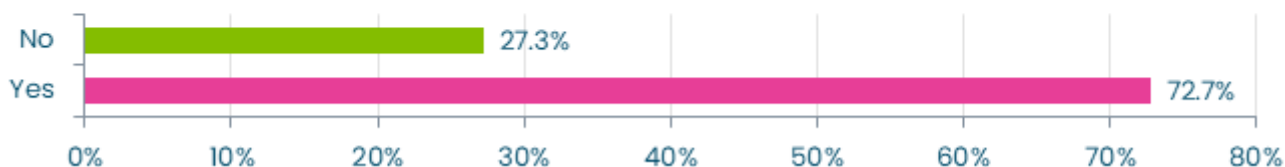
- 77% of respondents reported having to go without food or skip meals due to being unable to afford food.

Have you had to go without food because you couldn't afford to buy more?



- 72% of respondents reported having to go without food or skip a meal so their children could have enough to eat.

Have you ever skipped meals so your children could have enough to eat?



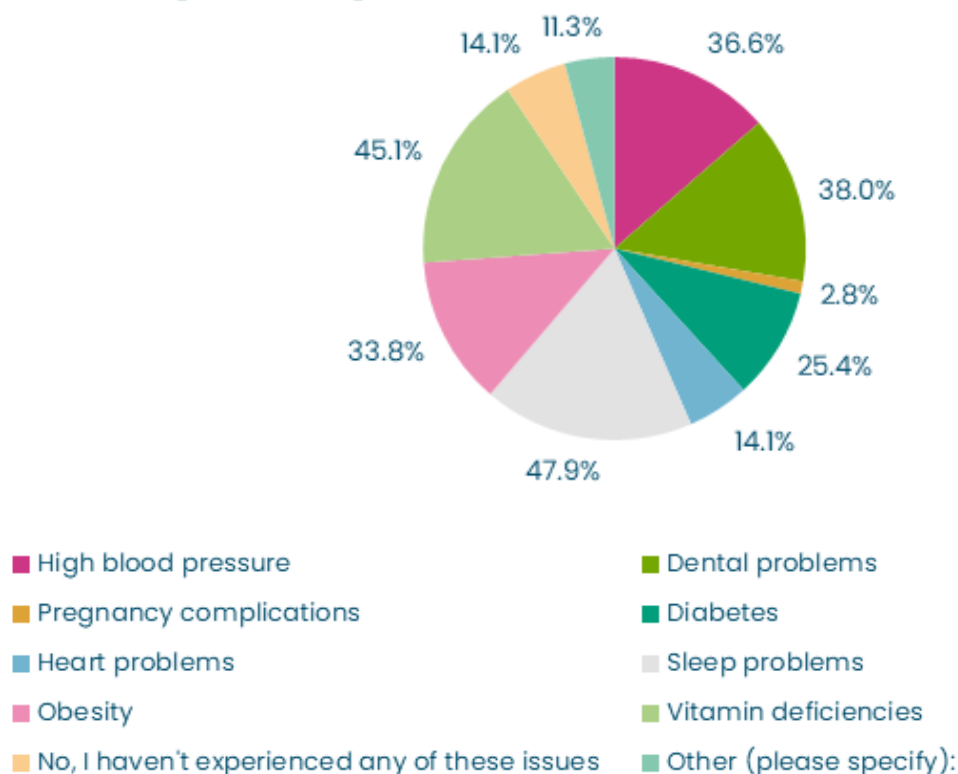
The link between food insecurity and health

Physical health impact

- More than half of the respondents in our survey reported experiencing health problems linked to not having enough food. While we cannot say for certain that food insecurity directly caused these health issues, there is strong evidence that people who struggle to access enough nutritious food are more likely to experience poor health.
- When people don't get enough of the right kinds of food, their bodies can miss out on essential nutrients like iron, calcium, and key vitamins. This can lead to a range of problems, including weakened immune systems, slower recovery from illness, and conditions such as anaemia. Malnutrition can show up in different ways—some people don't eat enough, while others eat enough calories but not enough nutrients. This imbalance is often due to affordability, with many relying on cheap, ultra-processed foods that are high in sugar, salt, and unhealthy fats.
- Our survey found that many respondents were living with health conditions commonly linked to poor diet:
 - Type 2 diabetes (25.4%)
 - High blood pressure (hypertension) (36.6%)
 - Heart problems (14.1%)
- One key finding is the link between food insecurity and obesity. In our survey, 33.8% of respondents said they were obese, increasing the risk of further health complications and highlighting how food insecurity can contribute to both undernutrition and overnutrition.
- Poor nutrition also weakens the immune system. Nearly half (45.1%) of those who reported health issues said they had vitamin deficiencies, which can make people more likely to catch infections and take longer to recover. Adults in food-insecure households often experience frequent colds, stomach problems, and other illnesses because their bodies are less able to fight off disease.

- Some respondents described other health issues made worse by food insecurity, including epilepsy and psoriasis. These conditions can become harder to manage when people can't follow medically recommended diets or afford the right foods.

Have you experienced any of the following physical health issues that may be related to not having enough food?



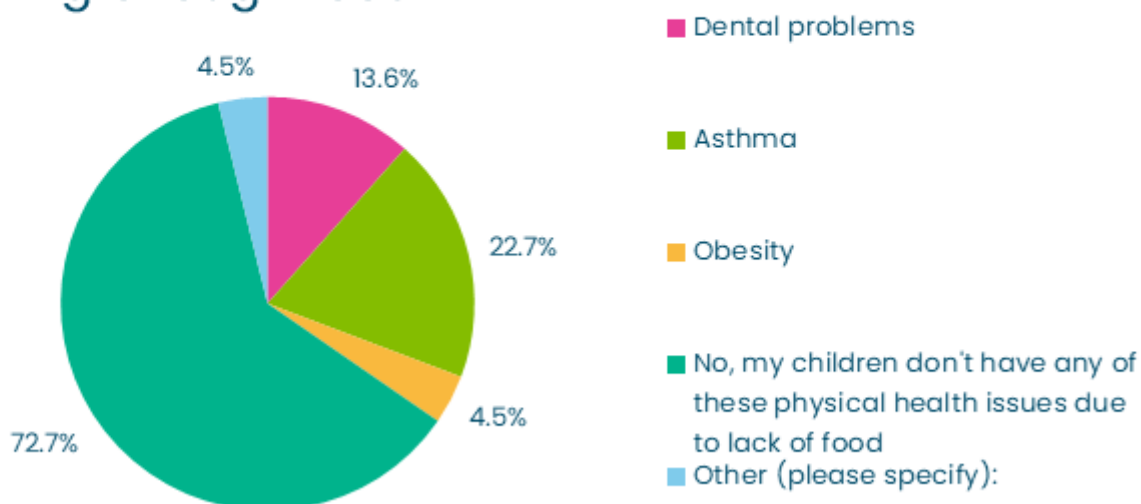
- Those who selected 'other' described varying health issues, such as epilepsy and psoriasis, as well as the worsening of preexisting conditions.

Physical health impact on children

Children in food-insecure households are particularly vulnerable. They are more likely to experience stunted growth, cognitive delays, and behavioural issues. Poor nutrition during critical developmental periods can have consequences on a child's long-term health.

- Most respondents reported that their children do not suffer from physical health-related issues due to a lack of food. Those who did most commonly reported asthma and dental problems.

Have your children experience any of the following physical health issues related to not having enough food?

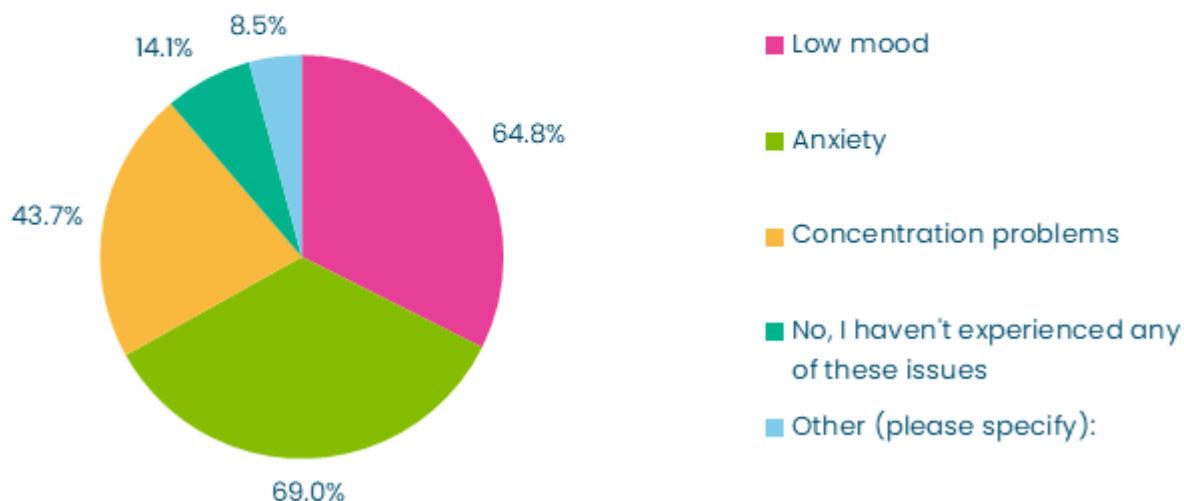


Mental health impact

- Food insecurity doesn't just affect physical health—it has a serious impact on mental wellbeing too. Overall, 85.9% of respondents reported that food insecurity had an impact on their mental health.
- While we cannot say for certain that food insecurity directly causes mental health conditions, there is strong evidence that it contributes to emotional distress and worsens existing mental health challenges.
- Over half of respondents reported experiencing anxiety (69%) and low mood (64.8%) due to a lack of food. These feelings are often linked to the stress of not knowing when or how the next meal will come, the pressure of feeding a family on a limited budget, and the emotional toll of going without. Some respondents also described other issues such as sleep deprivation and tiredness, which can be both a cause and a result of poor mental health.
- Living with food insecurity can lead to feelings of shame, isolation, and hopelessness. People may avoid social situations, feel embarrassed about asking for help, or experience guilt about not being able to provide for their families. These emotional struggles can build up over time, increasing the risk of depression and anxiety disorders.
- Mental health challenges can also make it harder for individuals to seek support or manage other aspects of life, such as employment, relationships,

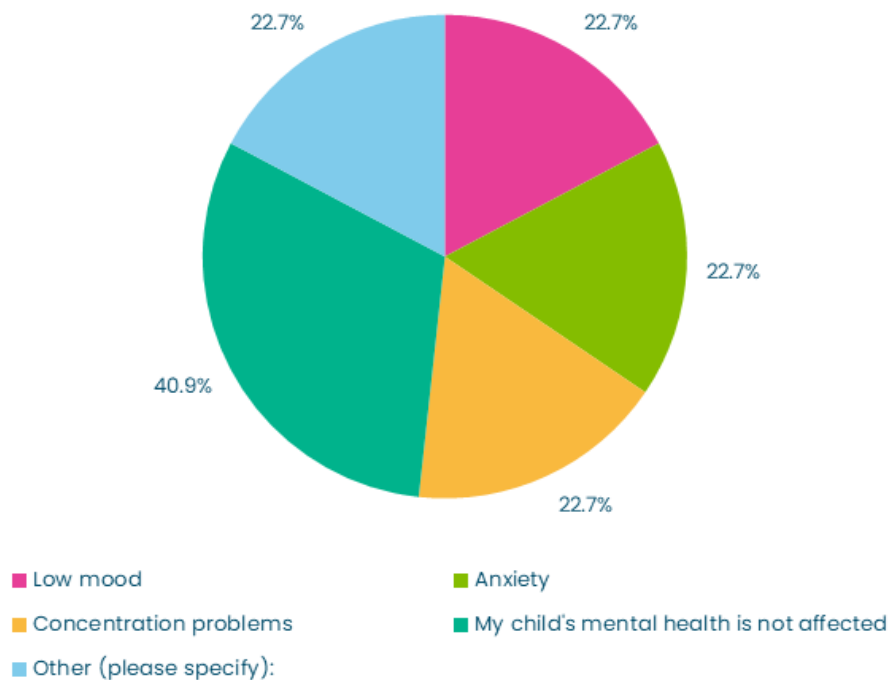
and physical health. This creates a cycle where poor mental health and food insecurity reinforce each other.

Have you experienced any of the following mental health impacts due to not having enough food?



Mental health impact on children

Have your children shown any of the following mental health issues related to not having enough food?

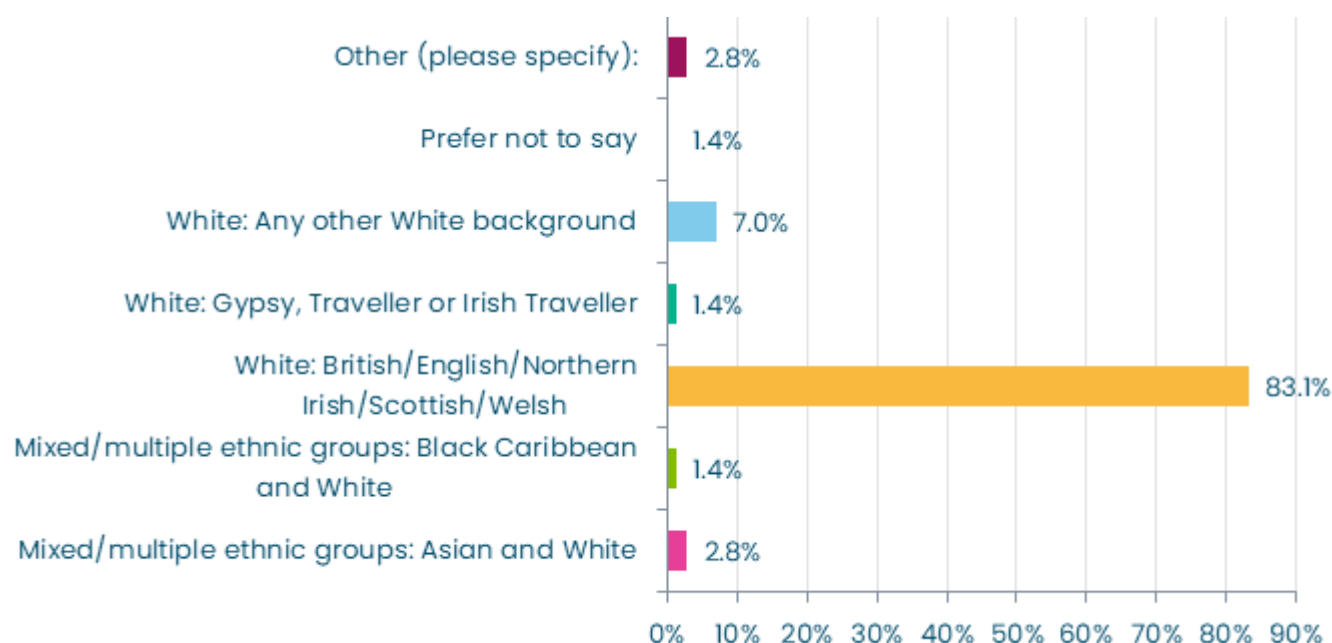


- Children are also affected emotionally when there isn't enough food at home. In our survey, 60.1% of respondents with children said their child's mental health had been impacted in some way.
- This includes increased anxiety, difficulty concentrating at school, mood swings, or behavioural changes. The stress of food insecurity can affect a child's sense of safety and stability, which is vital for healthy emotional development.

The picture of food insecurity in our survey

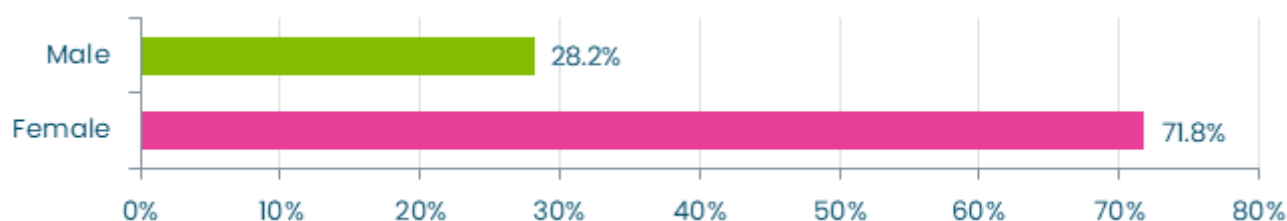
Ethnicity of respondents

- 83.1% of respondents were White British / English / Northern Irish / Scottish / Welsh.
- Those who described their ethnicity as 'Other' stated their ethnicity as English and Ukrainian.
- Below is a breakdown of the ethnicity of survey respondents.



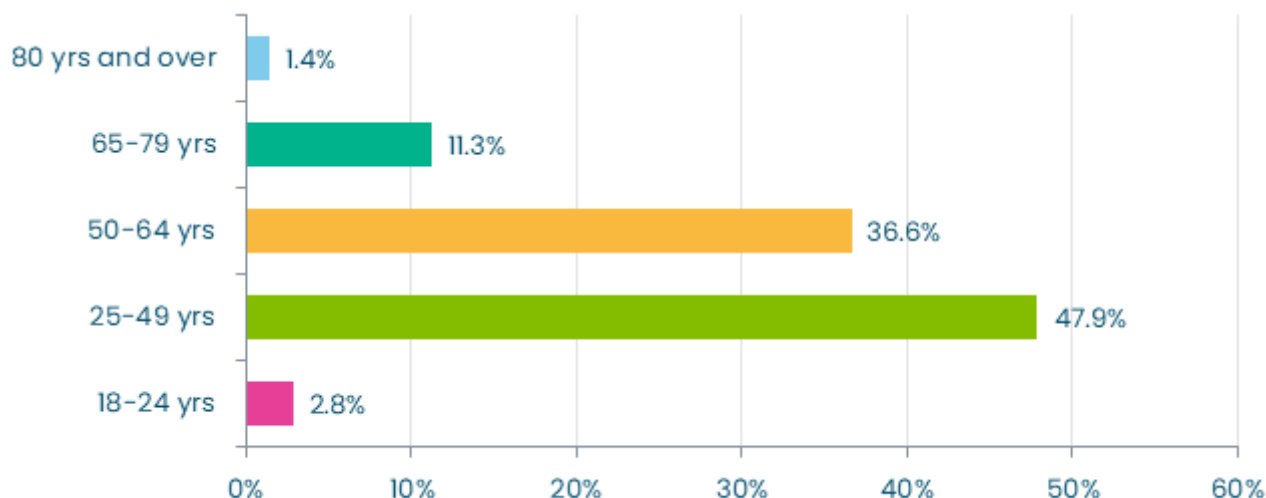
Respondents gender

- The majority of respondents were female, comprising of 71.8% of the total.



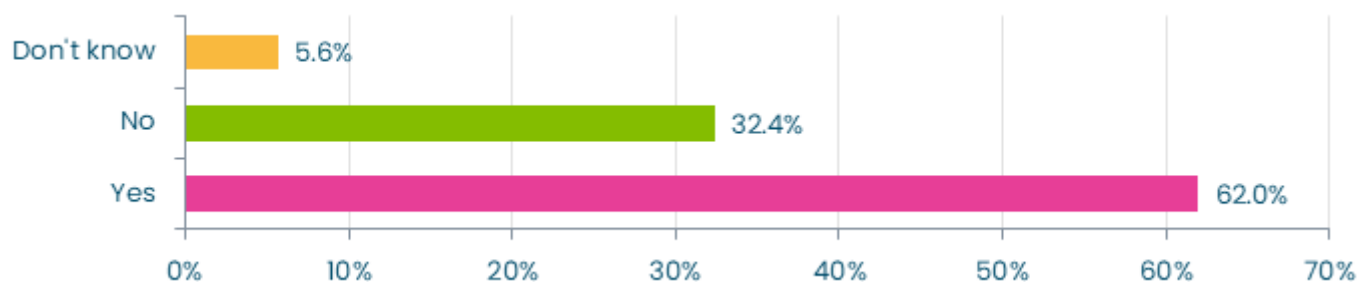
Respondents age

- The largest age group was 25–49-year-olds, comprising 47.9% of respondents, the next largest was 50–64 years old (36.6%).



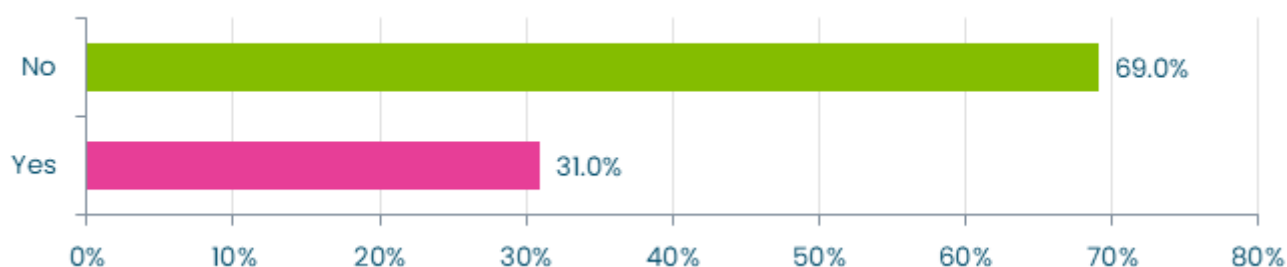
Other important information about respondents

- Most respondents were not unpaid carers, 16.9% reported being unpaid carers in their households.
- Almost all respondents were not homeless, 5.7% reported they were currently homeless and 4.3% did not know.
- More than half of the respondents (62%) reported having a disability or long-term health condition.



Respondents with children under 18 years old

- Most people did not have children in their household (69%)
- Those who had children averaged 1.7 children per household.





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