



Food insecurity and inequalities experienced by disabled people

DECEMBER 2023

SUMMARY

- Nearly 4 in 10 households with an adult limited a lot by disability experienced food insecurity in June 2023. [The Food Foundation's Food Insecurity Tracker](#) has consistently found that households with a disabled person are substantially more likely to experience food insecurity than those without.
- These disproportionate rates of food insecurity are in large part a result of income inequalities experienced by disabled people. Disabled people are less likely to be employed and on average are paid lower salaries.
- Many disabled people are reliant in part, or entirely, on benefits which often do not provide sufficient levels of payment to cover essential costs.
- Disabled people also often have higher expenditure requirements in other essential areas which squeezes the available food budget.
- Other challenges include physical access to food, such as from transport issues, and challenges with food preparation leading to a reliance on more processed, convenience food.
- Greater policy action is needed to support disabled people and their families who are experiencing food insecurity and to reduce the unacceptable levels of food insecurity being seen.



Introduction

Food insecurity levels in the UK have reached unprecedented highs over the past few years, first in the face of the Covid-19 pandemic and now continuing through the cost-of-living crisis. Disabled people have been particularly exposed to food insecurity, facing stark inequalities when it comes to accessing and affording the food that they need.

A quarter (24%) of the population, equating to 16 million people in the UK, are disabled (FRS 2021-22) ¹. One in 10 (11%) of children in the UK are disabled, a proportion which has doubled in the last decade ². Disability is defined under the Equality Act 2010 as having “a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities” ³. These impairments can include a wide range of conditions. Some people are born with impairments or health conditions or acquire them during childhood, whilst for others, disability can be acquired in later life, with people often experiencing multiple disabilities. Some disabilities are visible, but others are non-visible, meaning

they are not immediately obvious to other people.

The range of impairments that can lead to disablement means that there are a variety of both social and physical barriers affecting individual’s ability to afford, access and eat a healthy diet. While improving access to food for disabled people requires a holistic, individualised approach, there are a numerous commonalities disabled people experience that policymakers must address to reduce food insecurity.

This briefing will discuss some of the common experiences of disabled people faced with food insecurity. It will include specific examples for different impairments as well as population wide interventions that are needed to reduce the stark dietary inequalities seen amongst disabled people.

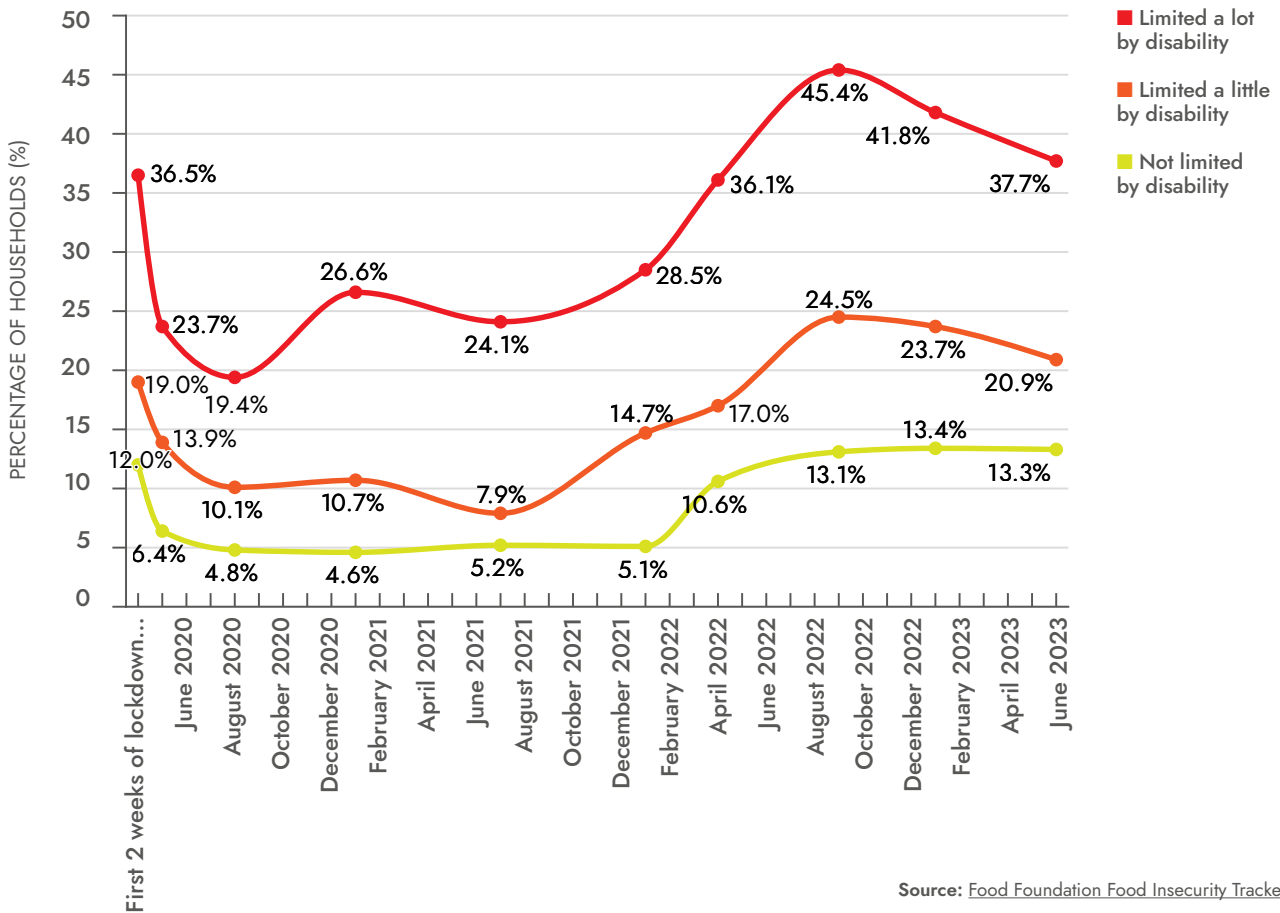
The scale of food insecurity amongst disabled people

Disabled people experience drastic inequalities and are at much higher risk of food insecurity than those who are not disabled. The Food Foundation have been conducting nationally representative surveys to monitor levels of food insecurity since the start of the Covid-19 pandemic. This has allowed us to track the scale of the problem of food insecurity and identify groups of the population who are most at risk in order to know who most needs support targeted towards them.

The findings of our surveys indicate that disabled people have had their ability to access food much worse affected by the Covid and cost of living crises than people who are not disabled. In the first two weeks of the pandemic, we found people limited a lot by disability to be three times as likely to be affected as those without a disability (36.5% vs 12.0%). This inequality widened further reaching over five times as high in January 2022 (28.5% compared with 5.1%).

Our most recent survey has found that food insecurity amongst disabled households persists. Nearly 4 in 10 (37.7%) households with an adult limited a lot by disability experienced food insecurity in June 2023 compared with just over 1 in 10 (13.3%) households with no disability. While these levels are starting to decrease, they remain concerningly high.

FIGURE 1
Households experiencing food insecurity according to level of disability



MEASURING FOOD INSECURITY

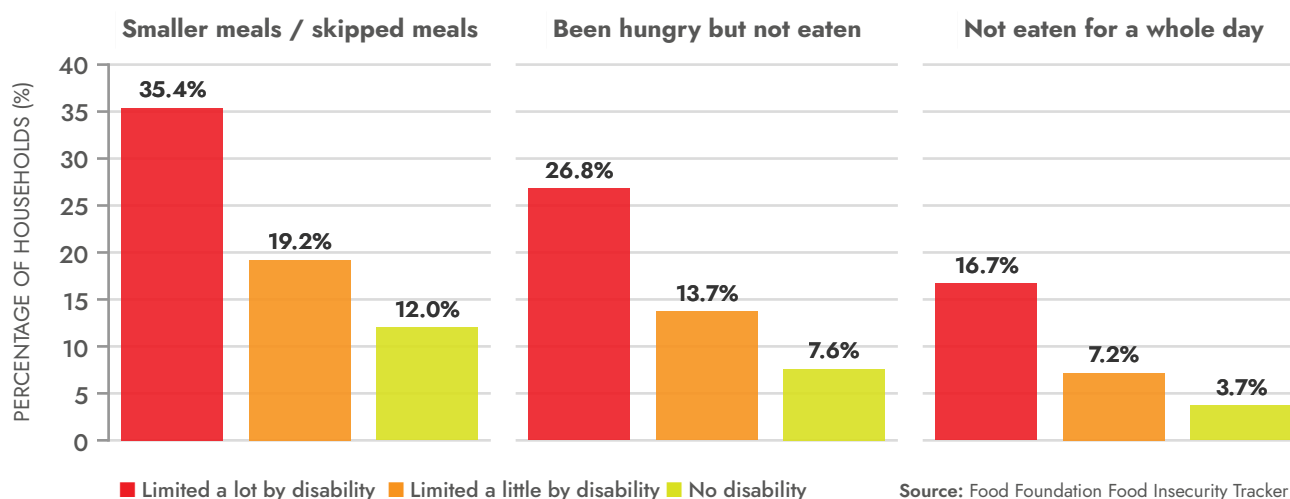
As part of the Food Foundation’s regular food insecurity tracking, we ask three questions to assess whether people are food insecure. If they answer yes to any of the three questions, they are classified as food insecure:

In the past month, have you/anyone else in your household:



1. had smaller meals than usual or skip meals because you couldn’t afford or get access to food?
2. ever been hungry but not eaten because you couldn’t afford or get access to food?
3. not eaten for a whole day because you couldn’t afford or get access to food?

FIGURE 2
Experiences of household food insecurity by disability status



These trends are corroborated by the Government’s own data on food insecurity. The latest Government data from the Family Resources Survey conducted by the Department for Work and Pensions for the 2021-22 period found that 11% of households with a disabled adult reported experiencing food insecurity, compared to 3% of households without a disabled adult ⁴.

This is further reflected in the over-representation of disabled people using food banks. A recent report by The Trussell Trust found that three quarters of people using their network of food banks have someone with a disability in their household and 69% report having a disability themselves ⁵. This closely aligns with data from Citizen’s Advice showing that 61% of people they refer to food banks have a disability or long term health condition ⁶.

Surveys by other charities have also found similar results. A survey of 1,200 working age disabled adults by Leonard Cheshire in 2022 found 25% had missed a meal

because they could not afford it ⁷; the Joseph Rowntree Foundation (JRF) found 7 in 10 low income households with a disabled person were going without essentials including food ⁸.

Struggles accessing food apply not only to adults with disabilities but are also intensified when there are children with disabilities in the household. For example, 11% of families with a vision impaired child reported that they were concerned about being able to put food on the table ⁹; and Family Fund found 54% of parents or carer with a disabled child were skipping or cutting the size of their meals because they couldn’t afford it ¹⁰.

There is, therefore, a wealth of evidence that disabled people have been consistently disproportionately affected by food insecurity over the past few years, demonstrating that insufficient action has been taken by Government to reduce these inequalities and protect disabled people from these hardships.

Reducing food insecurity and diet-related disease to prevent further disability

Food insecurity and diet-related disease can in themselves lead to people developing disabilities. Food insecurity can lead to poorer physical health as evidenced by people experiencing food insecurity being more likely to be admitted to hospital and having longer hospital stays ¹¹, and food insecurity is also known to cause anxiety and stress affecting mental health as well¹². There is therefore a self-perpetuating situation where people unable to access a healthy diet are more likely to develop diet-related disease leading to disability, which in turn creates greater barriers to accessing a healthy diet which can further exacerbate the severity of the disability. While this by no means applies to all disabilities, this points to a need for policies to improve dietary health and reduce food insecurity to reduce levels of preventable conditions that can lead to disability.

Drivers of food insecurity among disabled people: Income Inequalities

Disabled people are less likely to be employed and, on average, are on lower salaries

The drivers of these inequalities are multi-factorial but the most pronounced driver is the strong link between having a disability and poverty. One in four (27%) working aged disabled people are living in poverty ¹³, and 40% of people living in poverty have a disability or are living with someone with a disability ¹⁴. A recent survey by the University of Bristol discovered that 27% of disabled households are in serious financial difficulty, 2.5 times as many as those without a disability (11%). A third of disabled households reported struggling to pay for food and other essential expenses ¹⁵.

The higher rate of poverty among disabled people is in part because disabled people are less likely to be in work. Government data shows that the employment rate for people with a disability is 52.6% compared to 82.5% for people without a disability ¹⁶. Sometimes this is due to their health restricting their ability to work but can also



be due to discrimination faced when applying for work ¹⁷. Parents with children with disabilities are also less likely to be in work due to caring responsibilities ¹⁸.

Even when disabled people are in employment, they often have lower incomes and less job security than people without. 27% of disabled workers are in severely insecure work compared with 19% of non-disabled workers ¹⁹. According to the ONS, disabled employees earn nearly £2 less an hour on average than non-disabled employees ²⁰. Similarly, the Resolution Foundation found that household income for adults with a disability was on average 30% lower than those without including disability payments ²¹.

The result of this is insufficient income to buy the essentials. A further survey found that approximately 600,000 disabled people (7%) had only £10 per week of disposable income after taxes and housing to pay for food and other essentials and 33% had £50 per week ²².



The benefits system does not sufficiently support disabled people

As a result of these factors, many disabled people are reliant on social security to make ends meet. There are 6.3 million people in the UK receiving disability benefits²³.

The state has a responsibility to ensure disabled people have basic human rights including access to food. However, the insufficient value of benefit payments means that many are still left with too low an income to cover the cost of food and other essentials. Universal Credit is not set at a value which takes into consideration the cost of the basic essentials needed to live including food. As a result, it is too low for the average adult to afford the essentials as evidenced by research by the Joseph Rowntree Foundation²⁴.

The Government acknowledges that disabled people often have higher costs resulting from their disability and so can be eligible for Personal Independence Payments (PIP) to help cover these costs in addition to receiving Universal Credit payments. However, the insufficient value of Universal Credit is not made up for by this payment.

Disabled people also have higher expenditure requirements in other essential areas which squeezes the available food budget

On top of having lower incomes on average, disabled people also often have additional costs related to their disability. Some estimates report that households with a disabled adult or child face costs of almost £1000 extra per month²⁵. For example, this can include higher energy bills due to increased need for heating, running medical equipment, washing and additional lighting. These higher costs on non-food items can squeeze the available budget that households have for food leaving many choosing between heating or eating. Almost half of disabled adults reported cutting back on energy use last winter²⁶. Disabled people use a larger proportion of their expenditure for energy and food and so have been more affected by inflation of these necessities during the cost of living crisis²⁷.

Disabled people can often have specific dietary requirements related to their condition which can often be more expensive²⁸. According to data from the Office for National Statistics, in 2021 households with a disabled member spent 14.4% of their overall spending on food, while households with no disabled members spent 12.1% of their spending on food²⁹. Household expenditure does not reflect how much households with disabled members would need to spend to have the optimal diet for their condition but rather how much they could afford to spend.

The following case studies are from semistructured, in-depth interviews and focus groups that explored barriers and facilitators to food access and affordability among disabled people, as part of a larger multi-methods project on food (in)security among disabled people by researchers at King's College London, University of Liverpool and the Université de Lausanne supported by Disability Rights UK. Amanda and Bella's stories exemplify several of the many barriers to food security that disabled people face.



CASE STUDY

Amanda
(aged 55-64
years old)

Amanda lives by herself in a flat. She describes disabilities related to mobility and stamina/breathing/fatigue as impacting 'a lot' on her daily activities. She also reports mental health and social and behavioural disabilities as impacting 'a little' on her daily activities.

Public transport is not an option for Amanda because the bus stop is not very near the supermarket or her home and she can't carry bags far while walking.

Thankfully, Amanda has a car which she uses to drive to food shops locally. Her Personal Independence Payment (PIP) covers running her car but PIP only covers a small proportion of her care costs. She encounters a number of challenges. For instance, a lack of accessible parking both at home and at destination venues. With few spaces available, this can limit when and where Amanda can shop, impacting on food access and mental health due to limited options and the stress it causes. This means that Amanda can't always easily get more food when needed. If she can't rely on a space outside her home on returning she has to wait to leave until quieter times.

The distance from the car park to the shop is also a consideration. When Amanda does get into a shop, she requires a trolley to put her stick in and lean on to get around the store. Amanda can't stand for more than 4/5 minutes without her back becoming too painful, so she has to think carefully about what to buy because she needs to choose items that involve very little food preparation time. However, easy to prepare food comes at higher costs, impacting on her food budget. She also can't wait for long in a queue and has to consider whether seats may be available to take a break while shopping during her visit to the supermarket. Sometimes if a trolley isn't available or if a queue is too long, Amanda has had to give up on the food shop to avoid intolerable, breakthrough pain. Amanda can also only carry one bag at a time from the car to her home which means that a shopping trip leaves her with no energy for the rest of the day.

At home, Amanda does not have adequate kitchen space or facilities to allow her to safely prepare and cook healthy food, leading to nutritional insecurity and impacting negatively on health. Adaptations to her kitchen could really help, but this isn't possible because she rents her flat.

“ even one bag to be honest, that sort of throws me off a bit, you know weight wise. And that will really start my back up bad and when it starts up bad I can't do anything. so that rules out public transport.”

“ I just mainly choose prepared food, easy cook things, and I use my microwave a lot more than before because I have difficulty bending down to my oven... and obviously getting something out is difficult and then standing back up again. And my weight has decreased a lot because I only really eat when I'm sort of very hungry now and at really irregular times.”

**CASE STUDY**

Bella
(aged 55-64
years old)

Bella has mobility- and dexterity- related disabilities that impact on daily living 'a lot' and stamina/breathing/fatigue disabilities that impact 'a little'. Bella lives with her husband who is also disabled. Her partner has to be on dialysis for four hours, four times a week, which means time for food shopping in person (among other tasks) is limited.

A food shop is a significant part of a morning's work for Bella and whoever goes with her.

Bella and her partner often combine in-person food shops with hospital visits to save on resources such as time and costs of travel. Food is cheaper and there is more choice at the stores or markets that are further away and require more travelling. However, public transport and getting around town presents too many barriers so the household was relying on their carer's car for in person visits. Having limited care due to unaffordable care costs makes accessing and affording food difficult.

Buying online is a necessity when the care that is required is not affordable and to support with access to specific health-related dietary requirements. However, is it not a preference due to additional associated costs of online shopping and difficulties with substitutions and missing items. Bella and her husband try to buy from community food projects and surplus food initiatives, which are cheaper and more environmentally sustainable but can offer less choice. They would like to buy more locally (as part of Transition Towns movement) but options can be inaccessible without a car.

Bella and her partner share food prep tasks and try to prepare from scratch for health and dietary reasons but lifting things, chopping, and cooking from scratch can require a lot of time and energy and dexterity, which are not always readily available, leading to dietary compromises.

They need more support and are trying to get extra support, however, support is particularly expensive when on low income (both only have incomes from PIP). Neither Bella or her partner can work and so they are having to juggle affordability of rising food costs with increasing energy bills, which have to be prioritised as savings can't be made on fuel, so cut-backs have to be made on food.

“ You know I can't really go to a supermarket. Even when I could, you know I could drag myself to the supermarket, but I needed somebody to push the trolley, carry the basket, pick the things off the shelves and then pack them up and carry them.”

“ We can't make savings on fuel, both of our conditions, means that the cold affects us so we have to have the heating on when we need to. and we run the dialysis machine, which is like running a washing machine for 4 hours, 4 times a week. It uses a lot of water. And there's nothing we can do about that.”

Drivers of food insecurity among disabled people: Access issues

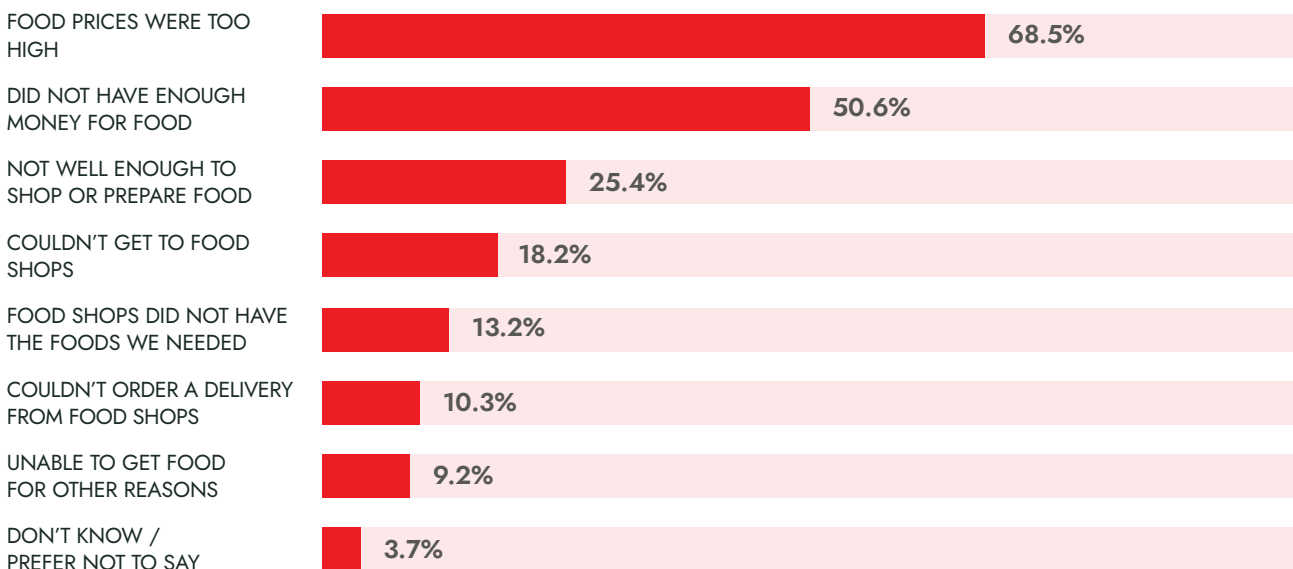
Financial barriers are not the only challenges that disabled people can face in accessing food. Other challenges can include **physical access to food**, such as from transport issues, or inaccessible food environments. Our survey found that 23.2% of households with an adult limited a lot by disability had experienced food insecurity due to being unable to get to food shops and 12.2% couldn't get a delivery from a food shop.

RNIB highlights that accessing larger shops often requires transport and this can be expensive, especially for people reliant on taxis because they have no other means of getting to larger supermarkets. They also highlight that online shopping is not always accessible for people with sight loss. This can result in a higher reliance on local shops that are often more expensive than larger outlets. *Which?* found that the majority of small local stores they assessed did not stock essential budget line items at all³⁰, meaning that the cheapest options are not available to people reliant on their local shops

Food preparation can also be difficult due to inadequate cooking facilities or physical ability. A third of those limited a lot by disability reported not being well enough to shop or prepare food as a factor causing their food insecurity in our survey. Being unable to cook can leave disabled people more dependent on pre-prepared foods that require minimal preparation which are often less healthy options and highly processed.



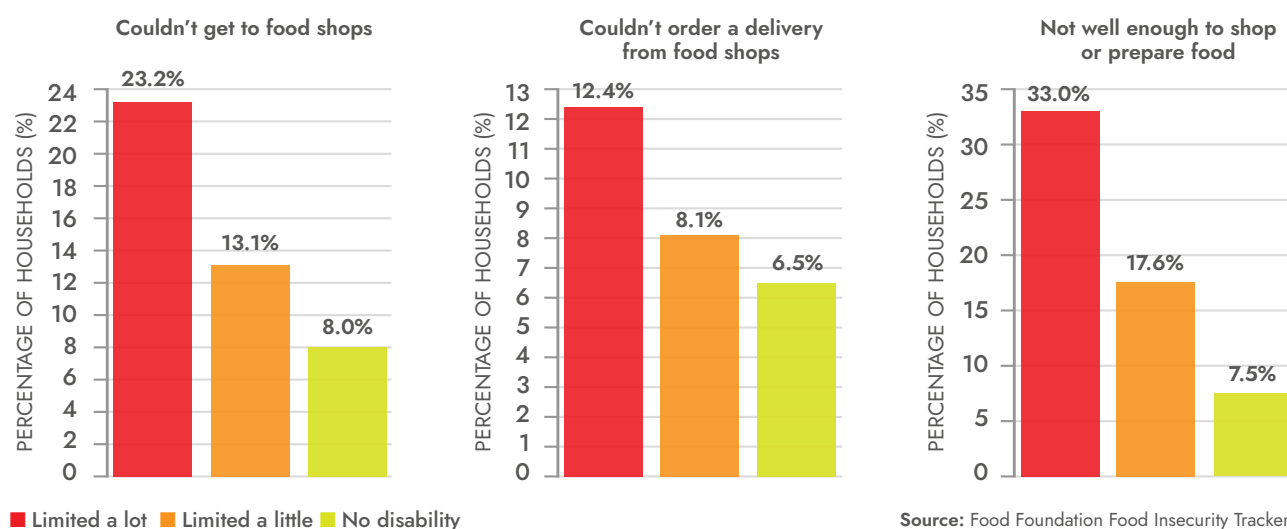
FIGURE 3
Drivers of food insecurity in households limited by disability



Source: Food Foundation Food Insecurity Tracker

FIGURE 4

Drivers of food insecurity which are more likely to affect households with disabilities than without



Difficulties accessing food support

Many disabled people are reliant on friends and family to support them with accessing and preparing food but people without a support system are less able to compensate. Disabled people are not always able to access the common forms of support that most people experiencing food insecurity are reliant on.

- Food banks** are not a longterm solution to food insecurity for anyone regardless of disability status but in the absence of adequate income support for people from Government, they can be an effective mechanism for providing vital emergency support to many people. However, for disabled people food banks are often not able to meet their needs at all despite their best efforts. For some there can be physical barriers to access where they cannot travel to a food bank. Food banks are most often reliant on donations and are unable to cater to specific dietary requirements which are more common among disabled people. This is of course, not the fault of food banks but could result in a worsening of people's health ³¹.
- Government schemes such as **Free School Meals** provide support to low-income children to be able to access a hot, nutritious meal from the school canteen at lunch time. However, an estimated 33% of children with disabilities miss out on this provision despite meeting the income-related eligibility requirements. Reasons for this include the food on offer not meeting their dietary requirements or sensory processing difficulties, or not being in a school to access the food (for example being off school longterm due to illness, being home educated or waiting for an appropriate place in school to become available). 85% of these families missing out reported that this increased pressure on their weekly budgets ³². Brighton and Hove City Council recently introduced a scheme to provide supermarket vouchers to children from low income families who are not able to attend school including those unable to attend due to disabilities ³³.
- Not only are benefits often of insufficient value, but **administrative challenges** make it challenging for many people to secure the benefits they are entitled to at all and many do not qualify for benefits despite having a disability. The social security system is hard to navigate for many people including understanding the eligibility criteria, the application process and the assessment and appeals process (IFAN). This not only creates financial challenges but also can be psychologically distressing for people already struggling (IFAN). Citizens Advice found that 430,000 were waiting for a PIP review and in some cases this could be up to 2 years ³⁴. The Trussell Trust found that 62% of people in disabled households referred to their foodbanks are not receiving disability related benefits ³⁵. Our survey also found that only half of those reporting as being limited a lot by disability were receiving PIP or legacy disability benefits.
- Cost of living payments** were introduced by the Government to provide additional support to disabled households through the cost of living crisis. However, these payments for disabled households have just been stopped despite the payments for low income households continuing ³⁶.

Recommendations

Broader policy changes are required to address the structural inequalities faced by disabled people, particularly related to benefits and employment. The recommendations in this report focus on policy change and business practice specifically related to supporting disabled people to access and afford food.

1 Ensure adequate income

- Ensure that benefit levels (Universal Credit and PIP) take into account the cost of a healthy diet and other essentials including the additional costs that disabled people experience
- Continue providing Cost of Living Payments for disabled people and providing the Household Support Fund to local authorities.

2 Strengthen nutritional safety nets

- Ensure that children who are unable to attend school due to disabilities receive supermarket vouchers in place of a Free School Meal
- Ensure that there is provision of appropriate food at school for children with disabilities that caters to their individual needs, particularly for those who qualify for Free School Meals
- Auto-enrol families for Free School Meals and Healthy Start to overcome administration issues with applying.

3 Food environments

- Prevent diet-related ill health causing disability by improving the affordability, availability and appeal of healthy foods as recommended in our [Broken Plate report](#).

4 Recommendations for Retailers

- Provide a basic range of budget lines in local shops, particularly on healthy foods
- Do more to facilitate shopping for disabled people who need reasonable adjustments
- Remove online delivery charges for disabled people.

5 Recommendations for Local Authorities

- Ensure bus routes to supermarkets
- Provide support for food shopping through social care
- Promote information on the Household Support Fund.

About this Policy Briefing

This policy briefing draws on research commissioned by The Food Foundation, and funded by the Nuffield Foundation, which focusses in-depth on the experiences of people living in food insecurity in the UK. Through this research, The Food Foundation aims to re-shape the public narrative on food insecurity and to catalyse purposeful action from policy makers and businesses.

SURVEY

- The online survey was conducted by YouGov among 6000 adults in the UK between 26th-30th June 2023.
- Among 6000 adults surveyed, 740 adults were limited a lot by disability and 1282 adults were limited a little by disability.

CASE STUDIES

The quotes in this briefing are verbatim and the names of participants have been changed.

ACKNOWLEDGMENTS

- Genevieve Hadida, London School of Hygiene and Tropical Medicine.
- Mia Hadfield-Spoor, Kings College London and Rachel Loopstra, University of Liverpool.
- Tim Lobstein, Chair of Food Foundation Advisory Group
- Fazilet Hadi and Dan White, Disability Rights UK for advice and feedback.

About The Nuffield Foundation

The Nuffield Foundation is an independent charitable trust with a mission to advance social well-being. It funds research that informs social policy, primarily in Education, Welfare, and Justice. The Nuffield Foundation is the founder and co-funder of the Nuffield Council on Bioethics, the Ada Lovelace Institute and the Nuffield Family Justice Observatory. The Foundation has funded this project, but the views expressed are those of the authors and not necessarily the Foundation.

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